

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

REPUBLICAN NATIONAL COMMITTEE

ADDRESS (number and street)

310 FIRST STREET SE

Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00003418

3. IS THIS  
REPORTNEW  
(N)**OR**AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report(Q1)July 15  
Quarterly Report(Q2)October 15  
Quarterly Report(Q3)January 31  
Quarterly Report(YE)July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2011

through

01

31

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr Anthony W Parker

Signature of Treasurer

Electronically Filed by Mr Anthony W Parker

Date

02

20

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name  
 REPUBLICAN NATIONAL COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2011	725654.46
(b) Cash on Hand at Beginning of Reporting Period .....	725654.46	
(c) Total Receipts (from Line 19) .....	5733067.92	5733067.92
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	6458722.38	6458722.38
7. Total Disbursements (from Line 31) .....	4340764.47	4340764.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	2117957.91	2117957.91
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	21406546.91	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
 999 E street, NW  
 Washington, DC 20463

Toll Free 800-424-9530  
 Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

REPUBLICAN NATIONAL COMMITTEE

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) .....	1296373.27	1296373.27
(ii) Unitemized .....	4035926.15	4035926.15
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	5332299.42	5332299.42
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	110126.42	110126.42
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	5442425.84	5442425.84
12. Transfers From Affiliated/Other Party Committees .....	275582.75	275582.75
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	15059.33	15059.33
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	5733067.92	5733067.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5733067.92	5733067.92

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	4048886.72	4048886.72	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	4048886.72	4048886.72	
22. Transfers to Affiliated/Other Party Committees.....	290582.75	290582.75	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	1295.00	1295.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	1295.00	1295.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4340764.47	4340764.47	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4340764.47	4340764.47	



**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	5442425.84	5442425.84
34. Total Contribution Refunds (from Line 28(d)) .....	1295.00	1295.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5441130.84	5441130.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4048886.72	4048886.72
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	15059.33	15059.33
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4033827.39	4033827.39

**SCHEDULE C (FEC Form 3X)**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

**LOANS**

NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

Transaction ID: 2010YEL10C001

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
BB&T

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 1909 K Street NW

City Washington

State DC

ZIP Code

20006

Original Amount of Loan

0.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 6D D  
1 4Y Y Y Y  
2 0 1 0

05/30/2012

Variable

% (apr)

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

5000000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

**LOANS**

NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

Transaction ID: 2010YEL10C002

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
BB&T

Election:

- ☐ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 1909 K Street NW

City Washington State DC ZIP Code 20006

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

0.00

0.00

5000000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 8D D  
3 0Y Y Y Y  
2 0 1 0

02/28/2011

Variable

% (apr)

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

5000000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

**LOANS**

NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

Transaction ID: 2010YEL10C003

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
BB&T

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 1909 K Street NW

City Washington

State DC

ZIP Code 20006

Original Amount of Loan

0.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 0D D  
1 8Y Y Y Y  
2 0 1 0

06/30/2011

Variable

% (apr)

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

5000000.00

**TOTALS** This Period (last page in this line only) ▶

15000000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ACXIOM CORPORATIONNature of Debt (Purpose):  
LICENSE FEE

Mailing Address 4090 COLLECTIONS CENTER DRIVE

City State ZIP Code  
CHICAGO IL 60693

Outstanding Balance Beginning This Period

67500.00

Transaction ID: 2011M02SD00001

Amount Incurred This Period

0.00

Payment This Period

67500.00

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ADVANTAGE INC.Nature of Debt (Purpose):  
TELEMARKETINGMailing Address 2300 CLARENDON BLVD  
SUITE 1004City State ZIP Code  
ARLINGTON VA 22201

Outstanding Balance Beginning This Period

7664.01

Transaction ID: 2011M02SD00002

Amount Incurred This Period

0.00

Payment This Period

5690.77

Outstanding Balance at Close of This Period

1973.24

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ALCHEMI DESIGN PUBLICATIONSNature of Debt (Purpose):  
PRINTING SERVICES

Mailing Address 40 OLD STATION ROAD

City State ZIP Code  
SEVERNA PARK MD 21146

Outstanding Balance Beginning This Period

0.00

Transaction ID: 2011M02SD00003

Amount Incurred This Period

9082.61

Payment This Period

0.00

Outstanding Balance at Close of This Period

9082.61

1) **SUBTOTALS** This Period This Page (optional).....

11055.85

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
AMERICAN VIEWPOINT, INCNature of Debt (Purpose):  
SURVEY RESEARCHMailing Address 300 NORTH LEE STREET  
SUITE 400City State ZIP Code  
ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

7500.00

Transaction ID: 2011M02SD00004

Amount Incurred This Period

0.00

Payment This Period

7500.00

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ANAHEIM/ ORANGE COUNTYNature of Debt (Purpose):  
EVENT STAFFING SERVICESMailing Address VISITOR & CONVENTION BUREAU  
800 W. KATELLA AVE, PO BOX 4270City State ZIP Code  
ANAHEIM CA 92803

Outstanding Balance Beginning This Period

1190.00

Transaction ID: 2011M02SD00005

Amount Incurred This Period

0.00

Payment This Period

1190.00

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
APEX ADVERTISING, INCNature of Debt (Purpose):  
PRINTING SERVICES

Mailing Address 2959 OLD TREE DRIVE

City State ZIP Code  
LANCASTER PA 17603

Outstanding Balance Beginning This Period

0.00

Transaction ID: 2011M02SD00006

Amount Incurred This Period

14725.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

14725.00

1) **SUBTOTALS** This Period This Page (optional).....

14725.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 11 / 1391

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
APP DEFENSENature of Debt (Purpose):  
WEB SECURITY

Mailing Address 200 CASTLEWOOD ESTATES COURT

City State ZIP Code  
O'FALLON MO 63368

Outstanding Balance Beginning This Period

40000.00

Transaction ID: 2011M02SD00007

Amount Incurred This Period

0.00

Payment This Period

15000.00

Outstanding Balance at Close of This Period

25000.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ARENA COMMUNICATIONSNature of Debt (Purpose):  
MAIL PRODUCTION

Mailing Address 1780 W. SEQUOIA VISTA CIRCLE

City State ZIP Code  
SALT LAKE CITY UT 84104

Outstanding Balance Beginning This Period

157463.00

Transaction ID: 2011M02SD00008

Amount Incurred This Period

53991.00

Payment This Period

47075.00

Outstanding Balance at Close of This Period

164379.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
BAG-IT, INCNature of Debt (Purpose):  
DONOR APPRECIATION GIFTS

Mailing Address 3103 W. MARKET STREET

City State ZIP Code  
GREENSBORO NC 27403

Outstanding Balance Beginning This Period

8370.64

Transaction ID: 2011M02SD00009

Amount Incurred This Period

0.00

Payment This Period

8370.64

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

189379.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 12 / 1391

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
BGI SHARED SERVICESNature of Debt (Purpose):  
CAR RENTALMailing Address BUDGET RENT A CAR SYSTEMS, INC  
14297 COLLECTIONS CENTER DRCity State ZIP Code  
CHICAGO IL 60693

Outstanding Balance Beginning This Period

1290.64

Transaction ID: 2011M02SD00010

Amount Incurred This Period

0.00

Payment This Period

1290.64

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
BOPP, COLESON, & BOSTROMNature of Debt (Purpose):  
LEGAL SERVICES

Mailing Address 1 SOUTH SIXTH STREET

City State ZIP Code  
TERRE HAUTE IN 47807

Outstanding Balance Beginning This Period

6193.89

Transaction ID: 2011M02SD00011

Amount Incurred This Period

0.00

Payment This Period

6193.89

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
BRYAN CAVE LLPNature of Debt (Purpose):  
LEGAL SERVICES

Mailing Address 1155 F. STREET NW

City State ZIP Code  
WASHINGTON DC 20004

Outstanding Balance Beginning This Period

12500.00

Transaction ID: 2011M02SD00012

Amount Incurred This Period

12500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25000.00

1) **SUBTOTALS** This Period This Page (optional).....

25000.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 13 / 1391

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CAMPAIGN HQNature of Debt (Purpose):  
PHONE SERVICESMailing Address CAPITOL RESOURCES, INC  
700 E. PLEASANT ST, PO BOX 257City State ZIP Code  
BROOKLYN IA 52211

Outstanding Balance Beginning This Period

182714.64

Transaction ID: 2011M02SD00013

Amount Incurred This Period

11240.17

Payment This Period

61727.13

Outstanding Balance at Close of This Period

132227.68

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CAPITOL HILL CLUBNature of Debt (Purpose):  
CATERING

Mailing Address 300 FIRST STREET, SE

City State ZIP Code  
WASHINGTON DC 20003

Outstanding Balance Beginning This Period

11467.20

Transaction ID: 2011M02SD00014

Amount Incurred This Period

0.00

Payment This Period

11467.20

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CARR SYSTEMS, INCNature of Debt (Purpose):  
IT SUPPORT/MAINTENANCE

Mailing Address 5012 MARSHALL CROWN ROAD

City State ZIP Code  
CENTREVILLE VA 20120

Outstanding Balance Beginning This Period

0.00

Transaction ID: 2011M02SD00015

Amount Incurred This Period

4800.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4800.00

1) **SUBTOTALS** This Period This Page (optional).....

137027.68

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CLARK H BENSENNature of Debt (Purpose):  
DATA SERVICESMailing Address dba POLIDATA  
1303 HAYWARD RD, PO BOX 530City State ZIP Code  
CORINTH VT 05039

Outstanding Balance Beginning This Period

6000.00

Transaction ID: 2011M02SD00016

Amount Incurred This Period

6000.00

Payment This Period

6000.00

Outstanding Balance at Close of This Period

6000.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CLARK HILL PLCNature of Debt (Purpose):  
LEGAL SERVICES

Mailing Address 1250 EYE STREET, NW

City State ZIP Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

2000.00

Transaction ID: 2011M02SD00017

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CMDINature of Debt (Purpose):  
FILE MAINTENANCE

Mailing Address 7704 LEESBURG PIKE

City State ZIP Code  
FALLS CHURCH VA 22043

Outstanding Balance Beginning This Period

113128.07

Transaction ID: 2011M02SD00018

Amount Incurred This Period

171514.00

Payment This Period

110390.95

Outstanding Balance at Close of This Period

174251.12

**1) SUBTOTALS** This Period This Page (optional).....

182251.12

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
COMMUNICATIONS CORPORATIONNature of Debt (Purpose):  
MAIL PRODUCTIONMailing Address OF AMERICA  
13195 FREEDOM WAYCity State ZIP Code  
BOSTON VA 22713

Outstanding Balance Beginning This Period

598637.66

Transaction ID: 2011M02SD00019

Amount Incurred This Period

234646.94

Payment This Period

129344.03

Outstanding Balance at Close of This Period

703940.57

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
COMMUNICATIONS ENGINEERING, INCNature of Debt (Purpose):  
EQUIPMENT MAINTENANCEMailing Address 8500 CINDER BED RD  
SUITE 100City State ZIP Code  
NEWINGTON VA 22122-8500

Outstanding Balance Beginning This Period

0.00

Transaction ID: 2011M02SD00020

Amount Incurred This Period

466.40

Payment This Period

0.00

Outstanding Balance at Close of This Period

466.40

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CONQUEST COMMUNICATIONS GROUPNature of Debt (Purpose):  
TELEMARKETINGMailing Address 2812 EMERYWOOD PKY  
SUITE 103City State ZIP Code  
RICHMOND VA 23294

Outstanding Balance Beginning This Period

21079.88

Transaction ID: 2011M02SD00021

Amount Incurred This Period

0.00

Payment This Period

6182.92

Outstanding Balance at Close of This Period

14896.96

1) **SUBTOTALS** This Period This Page (optional).....

719303.93

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CRAFT MEDIA/DIGITALNature of Debt (Purpose):  
VIDEO PRODUCTIONMailing Address 11 D STREET SE  
CARRIAGE HOUSECity State ZIP Code  
WASHINGTON DC 20003

Outstanding Balance Beginning This Period

2250.00

Transaction ID: 2011M02SD00022

Amount Incurred This Period

0.00

Payment This Period

2250.00

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CREATIVE FINANCIAL STAFFINGNature of Debt (Purpose):  
ACCOUNTING SERVICESMailing Address SERVICES, INC  
PO BOX 415565City State ZIP Code  
BOSTON MA 02241

Outstanding Balance Beginning This Period

5676.80

Transaction ID: 2011M02SD00023

Amount Incurred This Period

0.00

Payment This Period

2838.40

Outstanding Balance at Close of This Period

2838.40

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
DELL MARKETING L.P.Nature of Debt (Purpose):  
HARDWAREMailing Address C/O DELL USA L.P.  
PO BOX 643561City State ZIP Code  
PITTSBURGH PA 15264

Outstanding Balance Beginning This Period

6566.46

Transaction ID: 2011M02SD00024

Amount Incurred This Period

0.00

Payment This Period

6566.46

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

2838.40

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
DELUXE FOR BUSINESSNature of Debt (Purpose):  
OFFICE SUPPLIESMailing Address AND SOLUTIONS  
PO BOX 742572City State ZIP Code  
CINCINNATI OH 45274-2572

Outstanding Balance Beginning This Period

0.00

Transaction ID: 2011M02SD00025

Amount Incurred This Period

128.64

Payment This Period

0.00

Outstanding Balance at Close of This Period

128.64

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
DESIGN TECHNIQUESNature of Debt (Purpose):  
PRINTING SERVICES

Mailing Address 7590 MAPLE BRANCH RD

City State ZIP Code  
CLIFTON VA 20124

Outstanding Balance Beginning This Period

5905.92

Transaction ID: 2011M02SD00026

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5905.92

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
DONNELLEY MARKETING DIVISIONNature of Debt (Purpose):  
LIST PROCESSING

Mailing Address PO BOX 3603

City State ZIP Code  
OMAHA NE 68103

Outstanding Balance Beginning This Period

18732.05

Transaction ID: 2011M02SD00027

Amount Incurred This Period

0.00

Payment This Period

18732.05

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

6034.56

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EAGLE PUBLISHING, INCNature of Debt (Purpose):  
GRAPHIC SERVICES

Mailing Address ONE MASSACHUSETTS AVE, NW

City State ZIP Code  
WASHINGTON DC 20001

Outstanding Balance Beginning This Period

14437.07

Transaction ID: 2011M02SD00028

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

14437.07

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EAST MERIDIAN STRATEGIES, LLCNature of Debt (Purpose):  
TELEMARKETING

Mailing Address 219 EAST TAYLOR RUN PARKWAY

City State ZIP Code  
ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

37603.47

Transaction ID: 2011M02SD00029

Amount Incurred This Period

0.00

Payment This Period

37603.47

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ELOQUANature of Debt (Purpose):  
IT SUPPORT/MAINTENANCEMailing Address 1921 GALLOWS ROAD  
SUITE 250City State ZIP Code  
VIENNA VA 22182

Outstanding Balance Beginning This Period

0.00

Transaction ID: 2011M02SD00030

Amount Incurred This Period

30944.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

30944.00

**1) SUBTOTALS** This Period This Page (optional).....

45381.07

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ENCOMPASS DIGITAL MEDIANature of Debt (Purpose):  
SATELLITE SERVICES

Mailing Address 3845 PLEASANTDALE ROAD

City State ZIP Code  
ATLANTA GA 30340

Outstanding Balance Beginning This Period

0.00

Transaction ID: 2011M02SD00031

Amount Incurred This Period

675.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

675.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EVENT STRATEGIES, INCNature of Debt (Purpose):  
EQUIPMENT RENTAL

Mailing Address 211 NORTH UNION ST

City State ZIP Code  
ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

15111.62

Transaction ID: 2011M02SD00032

Amount Incurred This Period

0.00

Payment This Period

15111.62

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EVERY PROMOTIONAL PRODUCTNature of Debt (Purpose):  
PROMOTIONAL MATERIALSMailing Address 30401 AGOURA RD  
SUITE 102City State ZIP Code  
AGOURA HILLS CA 91301

Outstanding Balance Beginning This Period

11261.70

Transaction ID: 2011M02SD00033

Amount Incurred This Period

0.00

Payment This Period

6555.48

Outstanding Balance at Close of This Period

4706.22

1) **SUBTOTALS** This Period This Page (optional).....

5381.22

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FACTIVA, INCNature of Debt (Purpose):  
SUBSCRIPTIONMailing Address DOW JONES & CO.  
PO BOX 30994City State ZIP Code  
NEW YORK NY 10087-0994

Outstanding Balance Beginning This Period

2095.00

Transaction ID: 2011M02SD00034

Amount Incurred This Period

2095.00

Payment This Period

2095.00

Outstanding Balance at Close of This Period

2095.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FED EXNature of Debt (Purpose):  
DELIVERY SERVICES

Mailing Address P O BOX 371461

City State ZIP Code  
PITTSBURGH PA 15250

Outstanding Balance Beginning This Period

34373.77

Transaction ID: 2011M02SD00035

Amount Incurred This Period

3746.17

Payment This Period

8121.05

Outstanding Balance at Close of This Period

29998.89

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FEDERAL POLICY GROUPNature of Debt (Purpose):  
STRATEGIC PLANNING SERVICES

Mailing Address 101 CONSTITUTION AVE NW

City State ZIP Code  
WASHINGTON DC 20001

Outstanding Balance Beginning This Period

75000.00

Transaction ID: 2011M02SD00036

Amount Incurred This Period

0.00

Payment This Period

75000.00

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

32093.89

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FIRST TUESDAY IN NOVEMBERNature of Debt (Purpose):  
EQUIPMENTMailing Address 325 E. JIMMIE LEEDS RD  
SUITE 117City State ZIP Code  
GALLOWAY NJ 08205

Outstanding Balance Beginning This Period

0.00

Transaction ID: 2011M02SD00037

Amount Incurred This Period

3435.55

Payment This Period

0.00

Outstanding Balance at Close of This Period

3435.55

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FLS CONNECT, LLCNature of Debt (Purpose):  
TELEMARKETINGMailing Address 7300 HUDSON BLVD  
SUITE 270City State ZIP Code  
SAINT PAUL MN 55128

Outstanding Balance Beginning This Period

1135159.74

Transaction ID: 2011M02SD00038

Amount Incurred This Period

481938.62

Payment This Period

77971.44

Outstanding Balance at Close of This Period

1539126.92

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FORWARD THINKING STRATEGIESNature of Debt (Purpose):  
PROMOTIONAL MATERIALS

Mailing Address 1701 PENNSYLVANIA AVE, NW

City State ZIP Code  
WASHINGTON DC 20006

Outstanding Balance Beginning This Period

2465.00

Transaction ID: 2011M02SD00039

Amount Incurred This Period

0.00

Payment This Period

2465.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

1542562.47

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FRONT PORCH STRATEGIESNature of Debt (Purpose):  
TELEMARKETINGMailing Address 243 NORTH FIFTH STREET  
SUITE 330City State ZIP Code  
COLUMBUS OH 43215

Outstanding Balance Beginning This Period

33991.47

Transaction ID: 2011M02SD00040

Amount Incurred This Period

0.00

Payment This Period

6173.78

Outstanding Balance at Close of This Period

27817.69

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
GOP SHOPPE.COMNature of Debt (Purpose):  
PROMOTIONAL MATERIALS

Mailing Address 899 AIRPORT PARK ROAD

City State ZIP Code  
GLEN BURNIE MD 21043

Outstanding Balance Beginning This Period

0.00

Transaction ID: 2011M02SD00041

Amount Incurred This Period

84077.74

Payment This Period

0.00

Outstanding Balance at Close of This Period

84077.74

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
GRASSROOTS TARGETINGNature of Debt (Purpose):  
VOTER FILE ENHANCEMENTMailing Address 814 KING STREET  
SUITE 420City State ZIP Code  
ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

65000.00

Transaction ID: 2011M02SD00042

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

65000.00

**1) SUBTOTALS** This Period This Page (optional).....

176895.43

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
HANCE SCARBOROUGH LLPNature of Debt (Purpose):  
LEGAL SERVICESMailing Address 111 CONGRESS AVE  
SUITE 500City State ZIP Code  
AUSTIN TX 78701

Outstanding Balance Beginning This Period

2234.91

Transaction ID: 2011M02SD00043

Amount Incurred This Period

0.00

Payment This Period

1952.91

Outstanding Balance at Close of This Period

282.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
HOLTZMAN VOGEL, PLLCNature of Debt (Purpose):  
LEGAL SERVICESMailing Address 45 NORTH HILL DRIVE  
SUITE 100City State ZIP Code  
WARRENTON VA 20186

Outstanding Balance Beginning This Period

20003.05

Transaction ID: 2011M02SD00044

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20003.05

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
HOON DESIGNS, LLCNature of Debt (Purpose):  
GRAPHIC SERVICESMailing Address 2800 SHIRLINGTON RD  
SUITE 920City State ZIP Code  
ARLINGTON VA 22206

Outstanding Balance Beginning This Period

16335.00

Transaction ID: 2011M02SD00045

Amount Incurred This Period

3385.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

19720.00

1) **SUBTOTALS** This Period This Page (optional).....

40005.05

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
HUCKABY, DAVIS, LISKERNature of Debt (Purpose):  
COMPLIANCE SERVICESMailing Address 228 S. WASHINGTON STREET  
SUITE 115City State ZIP Code  
ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

9493.75

Transaction ID: 2011M02SD00046

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9493.75

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
HUMAN EVENTSNature of Debt (Purpose):  
ADVERTISINGMailing Address ACCOUNTS RECEIVABLE  
ONE MASSACHUSETTS AVE NWCity State ZIP Code  
WASHINGTON DC 20001

Outstanding Balance Beginning This Period

15921.98

Transaction ID: 2011M02SD00047

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15921.98

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ICS CORPORATIONNature of Debt (Purpose):  
MAIL PRODUCTION

Mailing Address 2225 RICHMOND STREET

City State ZIP Code  
PHILADELPHIA PA 19125

Outstanding Balance Beginning This Period

29976.93

Transaction ID: 2011M02SD00048

Amount Incurred This Period

9190.95

Payment This Period

29976.93

Outstanding Balance at Close of This Period

9190.95

1) **SUBTOTALS** This Period This Page (optional).....

34606.68

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
IMPACT OFFICE PRODUCTSNature of Debt (Purpose):  
OFFICE SUPPLIES

Mailing Address P O BOX 403846

City State ZIP Code  
ATLANTA GA 30384

Outstanding Balance Beginning This Period

1740.94

Transaction ID: 2011M02SD00049

Amount Incurred This Period

0.00

Payment This Period

1740.94

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
INFERENDA DATA SOLUTIONS, INCNature of Debt (Purpose):  
LIST PROCESSING

Mailing Address 15129 S. ROUTE 59

City State ZIP Code  
PLAINFIELD IL 60544

Outstanding Balance Beginning This Period

7889.24

Transaction ID: 2011M02SD00050

Amount Incurred This Period

427.46

Payment This Period

0.00

Outstanding Balance at Close of This Period

8316.70

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
INTEGRAMNature of Debt (Purpose):  
MAIL PRODUCTION

Mailing Address 22695 COMMERCE CENTER DR

City State ZIP Code  
DULLES VA 20166

Outstanding Balance Beginning This Period

6090.80

Transaction ID: 2011M02SD00051

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6090.80

1) **SUBTOTALS** This Period This Page (optional).....

14407.50

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ISLER, DARE, RAY & RADCLIFFENature of Debt (Purpose):  
LEGAL SERVICESMailing Address 1919 GALLOWS RD  
SUITE 320City State ZIP Code  
VIENNA VA 22182

Outstanding Balance Beginning This Period

2375.00

Transaction ID: 2011M02SD00052

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2375.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
JOHNSON CONTROLSNature of Debt (Purpose):  
EQUIPMENT MAINTENANCE

Mailing Address P O BOX 905240

City State ZIP Code  
CHARLOTTE NC 28290-5240

Outstanding Balance Beginning This Period

27296.57

Transaction ID: 2011M02SD00053

Amount Incurred This Period

6711.53

Payment This Period

5904.57

Outstanding Balance at Close of This Period

28103.53

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
KANTAR MEDIA/CMAGNature of Debt (Purpose):  
MEDIA SERVICESMailing Address COMPETITIVE MEDIA REPORTNG LLC  
PO BOX 7247-9301City State ZIP Code  
PHILADELPHIA PA 19170

Outstanding Balance Beginning This Period

22000.00

Transaction ID: 2011M02SD00054

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

22000.00

1) **SUBTOTALS** This Period This Page (optional).....

52478.53

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
KIMBIA, INC.Nature of Debt (Purpose):  
ONLINE FUNDRAISING SERVICESMailing Address 1050 E. 11TH STREET  
SUITE 200City State ZIP Code  
AUSTIN TX 78702

Outstanding Balance Beginning This Period

15000.00

Transaction ID: 2011M02SD00055

Amount Incurred This Period

15000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

30000.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
KORTERRA INCNature of Debt (Purpose):  
SOFTWARE MAINTENANCE

Mailing Address 18946 LAKE DRIVE EAST

City State ZIP Code  
CHANHASSEN MN 55317

Outstanding Balance Beginning This Period

11175.00

Transaction ID: 2011M02SD00056

Amount Incurred This Period

6000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

17175.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
LEXIS NEXISNature of Debt (Purpose):  
RESEARCH SERVICES

Mailing Address PO BOX 7247-7090

City State ZIP Code  
PHILADELPHIA PA 19170

Outstanding Balance Beginning This Period

22609.90

Transaction ID: 2011M02SD00057

Amount Incurred This Period

23159.94

Payment This Period

22609.90

Outstanding Balance at Close of This Period

23159.94

1) **SUBTOTALS** This Period This Page (optional).....

70334.94

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 28 / 1391

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MAJORITY STRATEGIES, INCNature of Debt (Purpose):  
MAIL PRODUCTIONMailing Address 135 PROFESSIONAL DRIVE  
SUITE 104City State ZIP Code  
PONTE VEDRA BEAC FL 32082

Outstanding Balance Beginning This Period

36489.17

Transaction ID: 2011M02SD00058

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

36489.17

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MCDERMOTT WILL & EMERYNature of Debt (Purpose):  
LEGAL SERVICES

Mailing Address P O BOX 7247-6751

City State ZIP Code  
PHILADELPHIA PA 19170-6751

Outstanding Balance Beginning This Period

0.00

Transaction ID: 2011M02SD00059

Amount Incurred This Period

5141.57

Payment This Period

0.00

Outstanding Balance at Close of This Period

5141.57

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MCGLADREY & PULLEN, LLPNature of Debt (Purpose):  
AUDIT SERVICESMailing Address CERTIFIED PUBLIC ACCOUNTANTS  
8000 TOWERS CRESCENT DRIVE STE 500City State ZIP Code  
VIENNA VA 22182-6205

Outstanding Balance Beginning This Period

0.00

Transaction ID: 2011M02SD00060

Amount Incurred This Period

7000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7000.00

1) **SUBTOTALS** This Period This Page (optional).....

48630.74

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MDS COMMUNICATIONS CORPORATIONNature of Debt (Purpose):  
MAIL PRODUCTION

Mailing Address PO BOX 16006

City State ZIP Code  
PHOENIX AZ 85011

Outstanding Balance Beginning This Period

49623.75

Transaction ID: 2011M02SD00061

Amount Incurred This Period

24451.44

Payment This Period

25149.25

Outstanding Balance at Close of This Period

48925.94

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MERKLE RESPONSE SERVICES, INCNature of Debt (Purpose):  
MAIL PRODUCTION

Mailing Address 100 JAMISON COURT

City State ZIP Code  
HAGERSTOWN MD 21740

Outstanding Balance Beginning This Period

11242.73

Transaction ID: 2011M02SD00062

Amount Incurred This Period

12879.96

Payment This Period

0.00

Outstanding Balance at Close of This Period

24122.69

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MICRO AGENature of Debt (Purpose):  
EQUIPMENT

Mailing Address PO BOX 2941

City State ZIP Code  
PHOENIX AZ 85062

Outstanding Balance Beginning This Period

0.00

Transaction ID: 2011M02SD00063

Amount Incurred This Period

384.22

Payment This Period

0.00

Outstanding Balance at Close of This Period

384.22

1) **SUBTOTALS** This Period This Page (optional).....

73432.85

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
NATIONAL CAPITAL TELESERVICESNature of Debt (Purpose):  
TELEMARKETING

Mailing Address 300 FIFTH STREET, NE

City State ZIP Code  
WASHINGTON DC 20002

Outstanding Balance Beginning This Period

128237.50

Transaction ID: 2011M02SD00064

Amount Incurred This Period

74757.00

Payment This Period

84419.50

Outstanding Balance at Close of This Period

118575.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
PACIFIC ISLANDS WASHINGTONNature of Debt (Purpose):  
POLITICAL STRATEGY SERVICESMailing Address OFFICE, INC  
PO BOX 26142City State ZIP Code  
ALEXANDRIA VA 22313

Outstanding Balance Beginning This Period

0.00

Transaction ID: 2011M02SD00065

Amount Incurred This Period

2500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
PE SYSTEMS LLCNature of Debt (Purpose):  
CREDIT CARD SERVICES

Mailing Address PO BOX 12856

City State ZIP Code  
PHILADELPHIA PA 19176

Outstanding Balance Beginning This Period

2446.66

Transaction ID: 2011M02SD00066

Amount Incurred This Period

0.00

Payment This Period

2446.66

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

121075.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
PEACHTREE DATA, INCNature of Debt (Purpose):  
LIST PROCESSINGMailing Address 2905 PREMIERE PARKWAY  
SUITE 200City State ZIP Code  
DULUTH GA 30097

Outstanding Balance Beginning This Period

838.24

Transaction ID: 2011M02SD00067

Amount Incurred This Period

0.00

Payment This Period

838.24

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
PREFERRED COMMUNICATIONSNature of Debt (Purpose):  
LIST RENTALMailing Address 815 KING STREET  
SUITE 209City State ZIP Code  
ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

2682.44

Transaction ID: 2011M02SD00068

Amount Incurred This Period

0.00

Payment This Period

2682.44

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
PRESS ASSOCIATION, INCNature of Debt (Purpose):  
SUBSCRIPTION

Mailing Address PO BOX 414243

City State ZIP Code  
BOSTON MA 02241

Outstanding Balance Beginning This Period

0.00

Transaction ID: 2011M02SD00069

Amount Incurred This Period

20000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20000.00

1) **SUBTOTALS** This Period This Page (optional).....

20000.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
PROXIX SOLUTIONS, INCNature of Debt (Purpose):  
SOFTWARE MAINTENANCE

Mailing Address PO BOX 202351

City State ZIP Code  
DALLAS TX 75320

Outstanding Balance Beginning This Period

58500.00

Transaction ID: 2011M02SD00070

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

58500.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
PURCHASE POWERNature of Debt (Purpose):  
POSTAGEMailing Address PITNEY BOWES POSTAGE BY PHONE  
P O BOX 856042City State ZIP Code  
LOUISVILLE KY 40285

Outstanding Balance Beginning This Period

5000.00

Transaction ID: 2011M02SD00071

Amount Incurred This Period

0.00

Payment This Period

5000.00

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
PURSUANTNature of Debt (Purpose):  
FUNDRAISING SERVICESMailing Address 5151 BELTINE RD  
SUITE 900City State ZIP Code  
DALLAS TX 75254

Outstanding Balance Beginning This Period

69730.65

Transaction ID: 2011M02SD00072

Amount Incurred This Period

0.00

Payment This Period

69730.65

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

58500.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
RST MARKETING ASSOCIATES, INCNature of Debt (Purpose):  
MAIL PRODUCTION

Mailing Address PO BOX 228

City State ZIP Code  
FOREST VA 24551

Outstanding Balance Beginning This Period

252663.12

Transaction ID: 2011M02SD00073

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

252663.12

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
RWM CREATIVE MARKETING, INCNature of Debt (Purpose):  
EVENT PLANNING SERVICES

Mailing Address PO BOX 456

City State ZIP Code  
DUNKIRK MD 20754

Outstanding Balance Beginning This Period

2000.00

Transaction ID: 2011M02SD00074

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SAP AMERICA, INCNature of Debt (Purpose):  
SOFTWARE MAINTENANCE

Mailing Address PO BOX 828795

City State ZIP Code  
PHILADELPHIA PA 19182

Outstanding Balance Beginning This Period

51961.00

Transaction ID: 2011M02SD00075

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

51961.00

1) **SUBTOTALS** This Period This Page (optional).....

306624.12

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SCHINDLER ELEVATOR CORPORATIONNature of Debt (Purpose):  
ELEVATOR MAINTENANCE

Mailing Address P O BOX 93050

City State ZIP Code  
CHICAGO IL 60673-3050

Outstanding Balance Beginning This Period

2770.99

Transaction ID: 2011M02SD00076

Amount Incurred This Period

0.00

Payment This Period

2770.99

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SECURITAS SECURITY SERVICESNature of Debt (Purpose):  
SECURITY SERVICES

Mailing Address P O BOX 403412

City State ZIP Code  
ATLANTA GA 30384-3412

Outstanding Balance Beginning This Period

13906.08

Transaction ID: 2011M02SD00077

Amount Incurred This Period

20619.36

Payment This Period

27332.64

Outstanding Balance at Close of This Period

7192.80

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SETEC SECURITY TECHNOLOGIESNature of Debt (Purpose):  
LEGAL SERVICES

Mailing Address 8391 BEVERLY BLVD #167

City State ZIP Code  
LOS ANGELES CA 90048

Outstanding Balance Beginning This Period

0.00

Transaction ID: 2011M02SD00078

Amount Incurred This Period

3000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

1) **SUBTOTALS** This Period This Page (optional).....

10192.80

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SMARTECH CORPORATIONNature of Debt (Purpose):  
WEB HOSTINGMailing Address A DIVISION OF AIRNET GROUP, INC  
PO BOX 11181City State ZIP Code  
CHATTANOOGA TN 37401

Outstanding Balance Beginning This Period

313901.33

Transaction ID: 2011M02SD00079

Amount Incurred This Period

64701.98

Payment This Period

90727.55

Outstanding Balance at Close of This Period

287875.76

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SMARTECH CORPORATIONNature of Debt (Purpose):  
CALL MANAGEMENT SERVICESMailing Address A DIVISION OF AIRNET GROUP, INC  
PO BOX 11181City State ZIP Code  
CHATTANOOGA TN 37401

Outstanding Balance Beginning This Period

473278.81

Transaction ID: 2011M02SD00080

Amount Incurred This Period

0.00

Payment This Period

580.17

Outstanding Balance at Close of This Period

472698.64

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SPIDERPHONE.COM, INC.Nature of Debt (Purpose):  
PHONE SERVICESMailing Address 64 BEAVER STREET  
SUITE 416City State ZIP Code  
NEW YORK NY 10004

Outstanding Balance Beginning This Period

0.00

Transaction ID: 2011M02SD00081

Amount Incurred This Period

412.70

Payment This Period

0.00

Outstanding Balance at Close of This Period

412.70

1) **SUBTOTALS** This Period This Page (optional).....

760987.10

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SPRINGFIELD PRINTING & GRAPHICNature of Debt (Purpose):  
PRINTING SERVICESMailing Address 5701 GENERAL WASHINGTON DRIVE  
SUITE CCity State ZIP Code  
ALEXANDRIA VA 22312

Outstanding Balance Beginning This Period

0.00

Transaction ID: 2011M02SD00082

Amount Incurred This Period

2921.89

Payment This Period

0.00

Outstanding Balance at Close of This Period

2921.89

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SPRINTNature of Debt (Purpose):  
PHONE SERVICES

Mailing Address PO BOX 4181

City State ZIP Code  
CAROL STREAM IL 60197

Outstanding Balance Beginning This Period

25950.24

Transaction ID: 2011M02SD00083

Amount Incurred This Period

0.00

Payment This Period

25950.24

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SPSS US INCNature of Debt (Purpose):  
IT SUPPORT/MAINTENANCE

Mailing Address 1213 PAYSHERE CIRCLE

City State ZIP Code  
CHICAGO IL 60674

Outstanding Balance Beginning This Period

0.00

Transaction ID: 2011M02SD00084

Amount Incurred This Period

4674.60

Payment This Period

0.00

Outstanding Balance at Close of This Period

4674.60

1) **SUBTOTALS** This Period This Page (optional).....

7596.49

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
STATE STREET STRATEGIESNature of Debt (Purpose):  
POLITICAL STRATEGY SERVIC-  
ES

Mailing Address 401 N 2ND ST

City State ZIP Code  
HARRISBURG PA 17101

Outstanding Balance Beginning This Period

35000.00

Transaction ID: 2011M02SD00085

Amount Incurred This Period

0.00

Payment This Period

35000.00

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
STRATEGIC DIRECTION.COMNature of Debt (Purpose):  
TELEMARKETINGMailing Address 420 EAST JEFFERSON STREET  
SUITE 106City State ZIP Code  
TALLAHASSEE FL 32301

Outstanding Balance Beginning This Period

13371.08

Transaction ID: 2011M02SD00086

Amount Incurred This Period

0.00

Payment This Period

13371.08

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
STRATEGIC FUNDRAISINGNature of Debt (Purpose):  
TELEMARKETING

Mailing Address 2625 MOMENTUM PLACE

City State ZIP Code  
CHICAGO IL 60689

Outstanding Balance Beginning This Period

731914.40

Transaction ID: 2011M02SD00087

Amount Incurred This Period

354215.80

Payment This Period

160621.10

Outstanding Balance at Close of This Period

925509.10

1) **SUBTOTALS** This Period This Page (optional).....

925509.10

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
STRATEGIC MARKETING & MAILINGNature of Debt (Purpose):  
MAIL PRODUCTION

Mailing Address PO BOX 6013

City State ZIP Code  
CHAMPAIGN IL 61826

Outstanding Balance Beginning This Period

56374.81

Transaction ID: 2011M02SD00088

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

56374.81

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
STRATIFIED DATANature of Debt (Purpose):  
LIST PROCESSINGMailing Address 101 COLORADO STREET  
#3201City State ZIP Code  
AUSTIN TX 78701

Outstanding Balance Beginning This Period

6500.00

Transaction ID: 2011M02SD00089

Amount Incurred This Period

9750.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

16250.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
TARGET POINT CONSULTING, INCNature of Debt (Purpose):  
VOTER FILE ENHANCEMENTMailing Address 66 CANAL CENTER PLAZA  
#555City State ZIP Code  
ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

47000.00

Transaction ID: 2011M02SD00090

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

47000.00

**1) SUBTOTALS** This Period This Page (optional).....

119624.81

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
TARGETED CREATIVENature of Debt (Purpose):  
MAIL PRODUCTIONMailing Address COMMUNICATIONS,INC  
106 S. COLUMBUS STREETCity State ZIP Code  
ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

610444.80

Transaction ID: 2011M02SD00091

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

610444.80

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
TECHNOLOGY PARTNERS INC.Nature of Debt (Purpose):  
SOFTWARE/SYSTEM SUPPORT

Mailing Address PO BOX 790379

City State ZIP Code  
ST. LOUIS MO 63179

Outstanding Balance Beginning This Period

18000.00

Transaction ID: 2011M02SD00092

Amount Incurred This Period

19200.00

Payment This Period

18000.00

Outstanding Balance at Close of This Period

19200.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
THE BONJEAN COMPANYNature of Debt (Purpose):  
MAIL PRODUCTIONMailing Address 1455 PENNSYLVANIA AVE, NW  
SUITE 400City State ZIP Code  
WASHINGTON DC 20004

Outstanding Balance Beginning This Period

40000.00

Transaction ID: 2011M02SD00093

Amount Incurred This Period

0.00

Payment This Period

40000.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

629644.80

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
THE PEDOWITZ GROUPNature of Debt (Purpose):  
TEXT MESSAGING SERVICES

Mailing Address 14162 SEABISCUIT

City State ZIP Code  
ALPHARETTA GA 30004

Outstanding Balance Beginning This Period

6200.00

Transaction ID: 2011M02SD00094

Amount Incurred This Period

0.00

Payment This Period

6200.00

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
THE PORT NETWORK, INCNature of Debt (Purpose):  
SUBSCRIPTIONMailing Address 5500 INTERSTATE NORTH PARKWAY  
SUITE 550City State ZIP Code  
ATLANTA GA 30328

Outstanding Balance Beginning This Period

3250.00

Transaction ID: 2011M02SD00095

Amount Incurred This Period

0.00

Payment This Period

3250.00

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
THE WORD DOCTORS, LLCNature of Debt (Purpose):  
SURVEY RESEARCH

Mailing Address PO BOX 43

City State ZIP Code  
MANASSAS VA 20108

Outstanding Balance Beginning This Period

45000.00

Transaction ID: 2011M02SD00096

Amount Incurred This Period

0.00

Payment This Period

45000.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
THOMPSON WESTNature of Debt (Purpose):  
RESEARCH SERVICESMailing Address WEST PAYMENT CENTER  
PO BOX 6292City State ZIP Code  
CAROL STREAM IL 60197

Outstanding Balance Beginning This Period

6062.13

Transaction ID: 2011M02SD00097

Amount Incurred This Period

6087.56

Payment This Period

12149.69

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
TODD ALLAN PRINTINGNature of Debt (Purpose):  
PRINTING SERVICES

Mailing Address 5760 SUNNYSIDE AVE

City State ZIP Code  
BELTSVILLE MD 20705

Outstanding Balance Beginning This Period

2215.00

Transaction ID: 2011M02SD00098

Amount Incurred This Period

0.00

Payment This Period

2215.00

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
TODD NICKLENature of Debt (Purpose):  
LEGAL SERVICESMailing Address ATTORNEY AT LAW  
700 LAVACA STREET, SUITE 1550City State ZIP Code  
AUSTIN TX 78701

Outstanding Balance Beginning This Period

0.00

Transaction ID: 2011M02SD00099

Amount Incurred This Period

12675.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12675.00

**1) SUBTOTALS** This Period This Page (optional).....

12675.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 42 / 1391

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
US MONITORNature of Debt (Purpose):  
MAIL SERVICES

Mailing Address 86 MAPLE AVE

City State ZIP Code  
NEW CITY NY 10956

Outstanding Balance Beginning This Period

0.00

Transaction ID: 2011M02SD00100

Amount Incurred This Period

355.96

Payment This Period

0.00

Outstanding Balance at Close of This Period

355.96

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
VERIZONNature of Debt (Purpose):  
PHONE SERVICES

Mailing Address P O BOX 4832

City State ZIP Code  
TRENTON NJ 08650-4832

Outstanding Balance Beginning This Period

1502.33

Transaction ID: 2011M02SD00101

Amount Incurred This Period

0.00

Payment This Period

1502.33

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
WESTAR SATELLITE SERVICESNature of Debt (Purpose):  
SATELLITE DATA SERVICES

Mailing Address PO BOX 974375

City State ZIP Code  
DALLAS TX 75397

Outstanding Balance Beginning This Period

893.20

Transaction ID: 2011M02SD00102

Amount Incurred This Period

0.00

Payment This Period

893.20

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

355.96

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 43 / 1391

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
NEAL E WISENature of Debt (Purpose):  
CONSULTANT EXPENSE REIMBU-  
RSEMENT

Mailing Address 6808 LUPINE LANE

City State ZIP Code  
MCLEAN VA 22101

Outstanding Balance Beginning This Period

1586.93

Transaction ID: 2011M02SD00103

Amount Incurred This Period

0.00

Payment This Period

1586.93

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
XEROX CORPORATIONNature of Debt (Purpose):  
EQUIPMENT

Mailing Address P O BOX 827598

City State ZIP Code  
PHILADELPHIA PA 19182

Outstanding Balance Beginning This Period

9769.37

Transaction ID: 2011M02SD00104

Amount Incurred This Period

9935.82

Payment This Period

9769.37

Outstanding Balance at Close of This Period

9935.82

1) **SUBTOTALS** This Period This Page (optional).....

9935.82

2) **TOTALS** This Period (last page this line number only).....

6406546.91

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

15000000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

21406546.91

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jerry C. Aikin

Mailing Address 2080 S. Pinnacle Drive

City

Saint George

State

UT

Zip Code

84790

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Skywest Airlines, Inc.

Occupation

Business Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: 2011M02L11BE00001

Amount of Each Receipt this Period

1000.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Earl Elwood Alexander, Jr.

Mailing Address 204 Westgate Drive

City

Napa

State

CA

Zip Code

94558-1236

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LPL Financial

Occupation

Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 6 / 2 0 1 0

Transaction ID: 2011M02L11BE00002

Amount of Each Receipt this Period

55.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Randolph Thomas Aloise

Mailing Address 3072 Jacobaeus Lane

City

Indialantic

State

FL

Zip Code

32903-1802

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00003

Amount of Each Receipt this Period

15.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



A. Form/Schedule : **SA11AI**

Transaction ID :

Regarding negative receipts listed on line 11(a)(i) with the description of 'ACH Return', these are interbank clearing of electronic payments processed by the Automated Clearing House (ACH) network of participating banks and the Federal Reserve. These are returns of contributions by individuals which have been deducted from our credit card merchant account or bank account by the credit card company or bank.

A. Form/Schedule : **SA11AI**

Transaction ID :

Regarding Best Effort Memos that indicate Occupation as 'Not Specified', these records are amended because we received a response to our request for completed donor information that did not include occupation information.

A. Form/Schedule : **SA11AI**

Transaction ID :

Concerning any donors shown for whom Occupation or Employer are not listed, the Republican National Committee has requested this information in the initial contribution solicitation and has made a second request in a separate mailing enclosing a self-addressed postage paid envelope in compliance with the FEC's Best Efforts regulation 11cfr 104.7(b). The Republican National Committee will amend the report if any of the requested information is received.

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Randolph Thomas Aloise

Mailing Address 3072 Jacobaeus Lane

City

Indialantic

State

FL

Zip Code

32903-1802

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 1 0

**Transaction ID:** 2011M02L11BE00004

Amount of Each Receipt this Period

15.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Randolph Thomas Aloise

Mailing Address 3072 Jacobaeus Lane

City

Indialantic

State

FL

Zip Code

32903-1802

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 1 0

**Transaction ID:** 2011M02L11BE00005

Amount of Each Receipt this Period

15.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Jean Angle

Mailing Address 70 S. Stratford Road

City

Wichita

State

KS

Zip Code

67207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Co-Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 1 / 2 0 0 9

**Transaction ID:** 2011M02L11BE00006

Amount of Each Receipt this Period

2500.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Jean Angle

Mailing Address 70 S. Stratford Road

City

Wichita

State

KS

Zip Code

67207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Co-Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 9

Transaction ID: 2011M02L11BE00007

Amount of Each Receipt this Period

1300.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Nancy Archer

Mailing Address 3849 S. Village Row

City

New Palestine

State

IN

Zip Code

46163

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: 2011M02L11BE00008

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Nancy Archer

Mailing Address 3849 S. Village Row

City

New Palestine

State

IN

Zip Code

46163

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: 2011M02L11BE00009

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Nancy Archer

Mailing Address 3849 S. Village Row

City

New Palestine

State

IN

Zip Code

46163

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 1 0

Transaction ID: 2011M02L11BE00010

Amount of Each Receipt this Period

220.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Arnce

Mailing Address 1225 W Fountain Rd

City

Joplin

State

MO

Zip Code

64801-7329

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self - Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 1 0

Transaction ID: 2011M02L11BE00011

Amount of Each Receipt this Period

110.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Woodrow Atchison

Mailing Address 2200 Peacock Lane

City

Mountain Brook

State

AL

Zip Code

35223-1710

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 1 0

Transaction ID: 2011M02L11BE00012

Amount of Each Receipt this Period

65.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert Alfred Bagley

Mailing Address 4359 Holly Creek Cool Sprgs Road

City

Chatsworth

State

GA

Zip Code

30705-5069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Georgia Baptist Church

Occupation  
Minister

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00013

Amount of Each Receipt this Period

110.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Paula B. Baker

Mailing Address 36 Lake Forest Drive

City

Spartanburg

State

SC

Zip Code

29302-3405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 4

Transaction ID: 2011M02L11BE00014

Amount of Each Receipt this Period

2000.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mrs. John H. Balbach

Mailing Address P.O. Box 627

City

Warren

State

IL

Zip Code

61087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00015

Amount of Each Receipt this Period

500.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Antoinette Baran

Mailing Address 1959 Honeysuckle Drive

City State Zip Code  
**Rockford IL 61107**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 2 / 1 3 / 2 0 1 0**

**Transaction ID: 2011M02L11BE00016**

Amount of Each Receipt this Period

55.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Theodore H Barclay

Mailing Address 705 Friends Ln

City State Zip Code  
**Granville OH 43023-8018**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 7 / 1 4 / 2 0 0 8**

**Transaction ID: 2011M02L11BE00017**

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Theodore H Barclay

Mailing Address 705 Friends Ln

City State Zip Code  
**Granville OH 43023-8018**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 8 / 1 3 / 2 0 0 8**

**Transaction ID: 2011M02L11BE00018**

Amount of Each Receipt this Period

200.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Doroth Barnd

Mailing Address 4102 Mariana Butte Drive

City

Loveland

State

CO

Zip Code

80537

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: 2011M02L11BE00019

Amount of Each Receipt this Period

220.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Lisa Lynne Barry

Mailing Address 166 Duane Street #3B

City

New York

State

NY

Zip Code

10013

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 6 / 2 0 1 0

Transaction ID: 2011M02L11BE00020

Amount of Each Receipt this Period

500.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Basalone

Mailing Address 252 W. Naperville Road

City

Westmont

State

IL

Zip Code

60559-1415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: 2011M02L11BE00021

Amount of Each Receipt this Period

15.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Basalone

Mailing Address 252 W. Naperville Road

City

Westmont

State

IL

Zip Code

60559-1415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 1 0

Transaction ID: 2011M02L11BE00022

Amount of Each Receipt this Period

15.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Basalone

Mailing Address 252 W. Naperville Road

City

Westmont

State

IL

Zip Code

60559-1415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 0

Transaction ID: 2011M02L11BE00023

Amount of Each Receipt this Period

15.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Basalone

Mailing Address 252 W. Naperville Road

City

Westmont

State

IL

Zip Code

60559-1415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 0

Transaction ID: 2011M02L11BE00024

Amount of Each Receipt this Period

15.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Basalone

Mailing Address 252 W. Naperville Road

City

Westmont

State

IL

Zip Code

60559-1415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: 2011M02L11BE00025

Amount of Each Receipt this Period

15.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Basalone

Mailing Address 252 W. Naperville Road

City

Westmont

State

IL

Zip Code

60559-1415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 7 / 2 0 1 0

Transaction ID: 2011M02L11BE00026

Amount of Each Receipt this Period

15.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Basalone

Mailing Address 252 W. Naperville Road

City

Westmont

State

IL

Zip Code

60559-1415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 1 0

Transaction ID: 2011M02L11BE00027

Amount of Each Receipt this Period

15.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Basalone

Mailing Address 252 W. Naperville Road

City

Westmont

State

IL

Zip Code

60559-1415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 9 / 2 0 1 0

Transaction ID: 2011M02L11BE00028

Amount of Each Receipt this Period

15.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Basalone

Mailing Address 252 W. Naperville Road

City

Westmont

State

IL

Zip Code

60559-1415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 6 / 2 0 1 0

Transaction ID: 2011M02L11BE00029

Amount of Each Receipt this Period

15.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Basalone

Mailing Address 252 W. Naperville Road

City

Westmont

State

IL

Zip Code

60559-1415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 1 0

Transaction ID: 2011M02L11BE00030

Amount of Each Receipt this Period

15.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Basalone

Mailing Address 252 W. Naperville Road

City

Westmont

State

IL

Zip Code

60559-1415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 1 0

Transaction ID: 2011M02L11BE00031

Amount of Each Receipt this Period

15.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Basalone

Mailing Address 252 W. Naperville Road

City

Westmont

State

IL

Zip Code

60559-1415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 6 / 2 0 1 0

Transaction ID: 2011M02L11BE00032

Amount of Each Receipt this Period

15.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Basalone

Mailing Address 252 W. Naperville Road

City

Westmont

State

IL

Zip Code

60559-1415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00033

Amount of Each Receipt this Period

15.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Basalone

Mailing Address 252 W. Naperville Road

City

Westmont

State

IL

Zip Code

60559-1415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 0

Transaction ID: 2011M02L11BE00034

Amount of Each Receipt this Period

15.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Basalone

Mailing Address 252 W. Naperville Road

City

Westmont

State

IL

Zip Code

60559-1415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 7 / 2 0 1 0

Transaction ID: 2011M02L11BE00035

Amount of Each Receipt this Period

15.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Basalone

Mailing Address 252 W. Naperville Road

City

Westmont

State

IL

Zip Code

60559-1415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 4 / 2 0 1 0

Transaction ID: 2011M02L11BE00036

Amount of Each Receipt this Period

15.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Basalone

Mailing Address 252 W. Naperville Road

City

Westmont

State

IL

Zip Code

60559-1415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 1 / 2 0 1 0

Transaction ID: 2011M02L11BE00037

Amount of Each Receipt this Period

15.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Basalone

Mailing Address 252 W. Naperville Road

City

Westmont

State

IL

Zip Code

60559-1415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 1 0

Transaction ID: 2011M02L11BE00038

Amount of Each Receipt this Period

15.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Basalone

Mailing Address 252 W. Naperville Road

City

Westmont

State

IL

Zip Code

60559-1415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

Transaction ID: 2011M02L11BE00039

Amount of Each Receipt this Period

15.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Basalone

Mailing Address 252 W. Naperville Road

City

Westmont

State

IL

Zip Code

60559-1415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: 2011M02L11BE00040

Amount of Each Receipt this Period

15.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Basalone

Mailing Address 252 W. Naperville Road

City

Westmont

State

IL

Zip Code

60559-1415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: 2011M02L11BE00041

Amount of Each Receipt this Period

15.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Basalone

Mailing Address 252 W. Naperville Road

City

Westmont

State

IL

Zip Code

60559-1415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: 2011M02L11BE00042

Amount of Each Receipt this Period

15.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Basalone

Mailing Address 252 W. Naperville Road

City

Westmont

State

IL

Zip Code

60559-1415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: 2011M02L11BE00043

Amount of Each Receipt this Period

15.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Basalone

Mailing Address 252 W. Naperville Road

City

Westmont

State

IL

Zip Code

60559-1415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: 2011M02L11BE00044

Amount of Each Receipt this Period

15.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Basalone

Mailing Address 252 W. Naperville Road

City

Westmont

State

IL

Zip Code

60559-1415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 1 0

Transaction ID: 2011M02L11BE00045

Amount of Each Receipt this Period

15.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Basalone

Mailing Address 252 W. Naperville Road

City

Westmont

State

IL

Zip Code

60559-1415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 1 0

Transaction ID: 2011M02L11BE00046

Amount of Each Receipt this Period

15.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Elinor Beckman

Mailing Address P.O. Box 203

City

Weir

State

TX

Zip Code

78674

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 1 0

Transaction ID: 2011M02L11BE00047

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert M. Beirute

Mailing Address 10104 S. Urbana Avenue

City

Tulsa

State

OK

Zip Code

74137-5921

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 6 / 2 0 1 0

Transaction ID: 2011M02L11BE00048

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Walter F. Bell, Sr.

Mailing Address P.O. Box 754

City State Zip Code  
**Oakland CA 94604-0754**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

**11 / 26 / 2010**

**Transaction ID: 2011M02L11BE00049**

Amount of Each Receipt this Period

400.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)  
 Dr. Frank Benton

Mailing Address 2 Mink Run

City State Zip Code  
**Brentwood NH 03833**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

**10 / 29 / 2010**

**Transaction ID: 2011M02L11BE00050**

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Richard Berger

Mailing Address 10739 Ashton Avenue  
 Apartment 103

City State Zip Code  
**Los Angeles CA 90024-5079**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Empire Kosher Poultry

Occupation  
 Financial Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

**11 / 29 / 2010**

**Transaction ID: 2011M02L11BE00051**

Amount of Each Receipt this Period

500.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard Berger

Mailing Address 10739 Ashton Avenue  
Apartment 103

City State Zip Code  
Los Angeles CA 90024-5079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Empire Kosher Poultry

Occupation  
Financial Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00052

Amount of Each Receipt this Period

300.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mrs. P. Dow Berggren

Mailing Address 9619 Bellevue Drive

City State Zip Code  
Bethesda MD 20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00053

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Dr. Stewart Biederman

Mailing Address P.O. Box 488020

City State Zip Code  
Cincinnati OH 45248-8020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Biederman Educational Centers

Occupation  
Businessman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00054

Amount of Each Receipt this Period

330.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Waltraud A. Bing

Mailing Address 2 Windmill Road

City

Oakdale

State

NY

Zip Code

11769

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 6 / 2 0 1 0

**Transaction ID:** 2011M02L11BE00055

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Ms. Anna Blanche

Mailing Address 2969 Ewell Place

City

Wantagh

State

NY

Zip Code

11793-2805

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

**Transaction ID:** 2011M02L11BE00056

Amount of Each Receipt this Period

220.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Sanford Blaser

Mailing Address 48 Andrea Lane

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 6 / 2 0 1 0

**Transaction ID:** 2011M02L11BE00057

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Maria Bondrescu

Mailing Address 12211 Manor Drive  
 Apartment 11

City State Zip Code  
 Hawthorne CA 90250-3764

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 4 / 2 0 0 3

Transaction ID: 2011M02L11BE00058

Amount of Each Receipt this Period

30.00

**[MEMO ITEM]**

Best effort update of ind-  
ividual information

**B.**

Full Name (Last, First, Middle Initial)

Ms. Maria Bondrescu

Mailing Address 12211 Manor Drive  
 Apartment 11

City State Zip Code  
 Hawthorne CA 90250-3764

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 2 0 / 2 0 0 4

Transaction ID: 2011M02L11BE00059

Amount of Each Receipt this Period

40.00

**[MEMO ITEM]**

Best effort update of ind-  
ividual information

**C.**

Full Name (Last, First, Middle Initial)

Ms. Maria Bondrescu

Mailing Address 12211 Manor Drive  
 Apartment 11

City State Zip Code  
 Hawthorne CA 90250-3764

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 0 4

Transaction ID: 2011M02L11BE00060

Amount of Each Receipt this Period

26.00

**[MEMO ITEM]**

Best effort update of ind-  
ividual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Maria Bondrescu

Mailing Address 12211 Manor Drive  
 Apartment 11

City State Zip Code  
 Hawthorne CA 90250-3764

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Homemaker

Occupation  
 Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 2 6 / 2 0 0 4

**Transaction ID:** 2011M02L11BE00061

Amount of Each Receipt this Period

40.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Ms. Maria Bondrescu

Mailing Address 12211 Manor Drive  
 Apartment 11

City State Zip Code  
 Hawthorne CA 90250-3764

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Homemaker

Occupation  
 Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 8 / 0 7 / 2 0 0 6

**Transaction ID:** 2011M02L11BE00062

Amount of Each Receipt this Period

30.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Ms. Maria Bondrescu

Mailing Address 12211 Manor Drive  
 Apartment 11

City State Zip Code  
 Hawthorne CA 90250-3764

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Homemaker

Occupation  
 Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 1 1 / 2 0 0 6

**Transaction ID:** 2011M02L11BE00063

Amount of Each Receipt this Period

30.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Maria Bondrescu

Mailing Address 12211 Manor Drive  
 Apartment 11

City State Zip Code  
**Hawthorne CA 90250-3764**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Homemaker

Occupation  
 Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**09 04 2007**

**Transaction ID: 2011M02L11BE00064**

Amount of Each Receipt this Period

30.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Ms. Maria Bondrescu

Mailing Address 12211 Manor Drive  
 Apartment 11

City State Zip Code  
**Hawthorne CA 90250-3764**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Homemaker

Occupation  
 Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**10 09 2007**

**Transaction ID: 2011M02L11BE00065**

Amount of Each Receipt this Period

40.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Ms. Maria Bondrescu

Mailing Address 12211 Manor Drive  
 Apartment 11

City State Zip Code  
**Hawthorne CA 90250-3764**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Homemaker

Occupation  
 Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**10 09 2007**

**Transaction ID: 2011M02L11BE00066**

Amount of Each Receipt this Period

40.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Maria Bondrescu

Mailing Address 12211 Manor Drive  
 Apartment 11

City State Zip Code  
**Hawthorne CA 90250-3764**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Homemaker

Occupation  
 Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 2 / 1 0 / 2 0 0 7**

**Transaction ID: 2011M02L11BE00067**

Amount of Each Receipt this Period

60.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Ms. Maria Bondrescu

Mailing Address 12211 Manor Drive  
 Apartment 11

City State Zip Code  
**Hawthorne CA 90250-3764**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Homemaker

Occupation  
 Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 6 / 2 3 / 2 0 0 8**

**Transaction ID: 2011M02L11BE00068**

Amount of Each Receipt this Period

62.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Ms. Maria Bondrescu

Mailing Address 12211 Manor Drive  
 Apartment 11

City State Zip Code  
**Hawthorne CA 90250-3764**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Homemaker

Occupation  
 Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 7 / 0 9 / 2 0 0 8**

**Transaction ID: 2011M02L11BE00069**

Amount of Each Receipt this Period

40.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Maria Bondrescu

Mailing Address 12211 Manor Drive  
 Apartment 11

City State Zip Code  
**Hawthorne CA 90250-3764**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Homemaker

Occupation  
 Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 0 6 / 2 0 0 8**

**Transaction ID: 2011M02L11BE00070**

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Ms. Maria Bondrescu

Mailing Address 12211 Manor Drive  
 Apartment 11

City State Zip Code  
**Hawthorne CA 90250-3764**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Homemaker

Occupation  
 Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 2 / 1 9 / 2 0 0 8**

**Transaction ID: 2011M02L11BE00071**

Amount of Each Receipt this Period

80.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Edna H. Bourn

Mailing Address 7 Dihedral Drive

City State Zip Code  
**Middle River MD 21220-4610**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 2 / 1 3 / 2 0 1 0**

**Transaction ID: 2011M02L11BE00072**

Amount of Each Receipt this Period

45.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 1391

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Rebecca Branch

Mailing Address 1411 Harbison Street N.E.

City State Zip Code  
**Cullman AL 35055**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 2 / 1 4 / 2 0 1 0**

**Transaction ID: 2011M02L11BE00073**

Amount of Each Receipt this Period

110.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Leland Bredthauer

Mailing Address 821 S. Arthur Street

City State Zip Code  
**Grand Island NE 68803-6238**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wal Mart Store # 1326

Occupation  
Sales Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 2 / 0 7 / 2 0 1 0**

**Transaction ID: 2011M02L11BE00074**

Amount of Each Receipt this Period

35.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Ms. Dorothy Brightbill

Mailing Address P.O. Box 209

City State Zip Code  
**Cotton Center TX 79021-0209**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Farming

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 8 / 0 9 / 2 0 1 0**

**Transaction ID: 2011M02L11BE00075**

Amount of Each Receipt this Period

127.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Dorothy Brightbill

Mailing Address P.O. Box 209

City

Cotton Center

State

TX

Zip Code

79021-0209

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Farming

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

**Transaction ID:** 2011M02L11BE00076

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Ms. Doris E. Brownlee

Mailing Address 168 View Point Lane

City

Wheeling

State

WV

Zip Code

26003-7498

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

**Transaction ID:** 2011M02L11BE00077

Amount of Each Receipt this Period

30.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Arunas A. Budnikas

Mailing Address 20 Tracy Drive

City

Greenwich

State

NY

Zip Code

12834

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Greenwich Regional Medical  
Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

**Transaction ID:** 2011M02L11BE00078

Amount of Each Receipt this Period

110.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Frank Burrow

Mailing Address 500 Barrington Road

City

Signal Mountain

State

TN

Zip Code

37377-3135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 9 / 2 0 1 0

Transaction ID: 2011M02L11BE00079

Amount of Each Receipt this Period

165.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Jeanne Cannon

Mailing Address 7273 Juniper Drive

City

Apple Valley

State

CA

Zip Code

92308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 4 / 2 0 1 0

Transaction ID: 2011M02L11BE00080

Amount of Each Receipt this Period

106.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Ms. Betty Cantwell

Mailing Address 121 Highway 27 S.

City

Tylertown

State

MS

Zip Code

39667-5501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 0 1 / 2 0 1 0

Transaction ID: 2011M02L11BE00081

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Betty Cantwell

Mailing Address 121 Highway 27 S.

City

Tylertown

State

MS

Zip Code

39667-5501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 1 / 2 0 1 0

Transaction ID: 2011M02L11BE00082

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Ms. Betty Cantwell

Mailing Address 121 Highway 27 S.

City

Tylertown

State

MS

Zip Code

39667-5501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 1 / 2 0 1 0

Transaction ID: 2011M02L11BE00083

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Ms. Betty Cantwell

Mailing Address 121 Highway 27 S.

City

Tylertown

State

MS

Zip Code

39667-5501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 1 0

Transaction ID: 2011M02L11BE00084

Amount of Each Receipt this Period

150.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Betty Cantwell

Mailing Address 121 Highway 27 S.

City

Tylertown

State

MS

Zip Code

39667-5501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: 2011M02L11BE00085

Amount of Each Receipt this Period

150.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Kimberly Carolan

Mailing Address 3 Crownview Lane

City

Bernardsville

State

NJ

Zip Code

07924-1220

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self - Employed

Occupation  
Stay at Home Mother

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00086

Amount of Each Receipt this Period

110.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Ms. Lisa L. Carpenter

Mailing Address 15015 156Th Place S.E.

City

Renton

State

WA

Zip Code

98058

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Group Health Corp.

Occupation  
Network Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00087

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Alberta S. Casey

Mailing Address 1001 Genter Street  
Unit 2H

City State Zip Code  
La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

**Transaction ID:** 2011M02L11BE00088

Amount of Each Receipt this Period

55.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Nelson Claflin

Mailing Address 6048 Mount Philo Road

City State Zip Code  
Charlotte VT 05445

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 6 / 2 0 1 0

**Transaction ID:** 2011M02L11BE00089

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Sammy Cockrell

Mailing Address 755 County Road 266

City State Zip Code  
Gatesville TX 76528-3597

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Gatesville, Texas

Occupation  
Athletic Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 6 / 2 0 1 0

**Transaction ID:** 2011M02L11BE00090

Amount of Each Receipt this Period

55.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Rachael Coleman

Mailing Address 710 S.E. Essex Drive

City

Port Saint Lucie

State

FL

Zip Code

34984

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coleman Brothers

Occupation  
Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00091

Amount of Each Receipt this Period

150.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Eric Coleman

Mailing Address 4520 Eaton Street

City

Kansas City

State

KS

Zip Code

66103

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
C & S Wood Shop

Occupation  
Bookkeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 1 0

Transaction ID: 2011M02L11BE00092

Amount of Each Receipt this Period

69.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Dr. Kenneth H. Cooper

Mailing Address 6564 Valleybrook Drive

City

Dallas

State

TX

Zip Code

75254

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cooper Clinic

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 1 0

Transaction ID: 2011M02L11BE00093

Amount of Each Receipt this Period

500.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert Cordero

Mailing Address 18 Central Avenue

City

Farmingdale

State

NJ

Zip Code

07727-1424

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
H.C.R., LLP

Occupation

Environmental Tech.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011M02L11BE00094

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. David Covert

Mailing Address 13628 S 32nd PI

City

Phoenix

State

AZ

Zip Code

85044-3646

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 1 0

Transaction ID: 2011M02L11BE00095

Amount of Each Receipt this Period

75.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Bernice Cox

Mailing Address 6100 Brentwood Chase Drive

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 1 0

Transaction ID: 2011M02L11BE00096

Amount of Each Receipt this Period

45.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Bernice Cox

Mailing Address 6100 Brentwood Chase Drive

City State Zip Code  
**Brentwood TN 37027**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 0 4 / 2 0 1 0**

**Transaction ID: 2011M02L11BE00097**

Amount of Each Receipt this Period

45.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Bernice Cox

Mailing Address 6100 Brentwood Chase Drive

City State Zip Code  
**Brentwood TN 37027**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 2 / 1 3 / 2 0 1 0**

**Transaction ID: 2011M02L11BE00098**

Amount of Each Receipt this Period

45.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jack Crocker

Mailing Address 464 N. Jefferson Avenue

City State Zip Code  
**Lebanon MO 65536-2742**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 9 / 2 3 / 2 0 1 0**

**Transaction ID: 2011M02L11BE00099**

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. David M. Crooks

Mailing Address 8 Valley View Place

City

North Caldwell

State

NJ

Zip Code

07006-4725

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Northwestern Mutual Life  
Insurance Co.

Occupation

Financial Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 9 / 2 0 1 0

Transaction ID: 2011M02L11BE00100

Amount of Each Receipt this Period

155.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Barbara Curti

Mailing Address 5395 S. Elk River Road

City

Reno

State

NV

Zip Code

89511-5650

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: 2011M02L11BE00101

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jose H. Da Fonseca

Mailing Address 67 W. Main Street  
Apartment 613

City

New Britain

State

CT

Zip Code

06051

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: 2011M02L11BE00102

Amount of Each Receipt this Period

200.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Marsha R. Daniel

Mailing Address 230D Vista Drive

City

Mount Ida

State

AR

Zip Code

71957-8173

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mount Ida School District

Occupation  
Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 1 0

Transaction ID: 2011M02L11BE00103

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard Deacon

Mailing Address 835 Som Center Road

City

Cleveland

State

OH

Zip Code

44143-3524

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: 2011M02L11BE00104

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Lorna P Deacosta

Mailing Address 7739 East Broadway Blvd.  
P.M.B. 342

City

Tucson

State

AZ

Zip Code

85710-3941

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self - Employed

Occupation  
Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 9 / 2 0 1 0

Transaction ID: 2011M02L11BE00105

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Patsy Deford

Mailing Address 305 Mimosa Drive

City

Anna

State

TX

Zip Code

75409

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 6 / 2 0 1 0

**Transaction ID:** 2011M02L11BE00106

Amount of Each Receipt this Period

20.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. William Diedrich

Mailing Address 940 S. Mountain Road

City

Dillsburg

State

PA

Zip Code

17019

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

**Transaction ID:** 2011M02L11BE00107

Amount of Each Receipt this Period

110.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Donald Dixon

Mailing Address 2903 Woodland Avenue

City

New Bern

State

NC

Zip Code

28562-4413

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 1 0

**Transaction ID:** 2011M02L11BE00108

Amount of Each Receipt this Period

55.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Donald Dixon

Mailing Address 2903 Woodland Avenue

City

New Bern

State

NC

Zip Code

28562-4413

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 1 0

Transaction ID: 2011M02L11BE00109

Amount of Each Receipt this Period

55.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Wilfred Dodge

Mailing Address 3569 Heatherfield Court

City

Washington

State

MI

Zip Code

48094-1119

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 4 / 2 0 1 0

Transaction ID: 2011M02L11BE00110

Amount of Each Receipt this Period

75.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Wilfred Dodge

Mailing Address 3569 Heatherfield Court

City

Washington

State

MI

Zip Code

48094-1119

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 1 0

Transaction ID: 2011M02L11BE00111

Amount of Each Receipt this Period

26.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Wilfred Dodge

Mailing Address 3569 Heatherfield Court

City

Washington

State

MI

Zip Code

48094-1119

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: 2011M02L11BE00112

Amount of Each Receipt this Period

25.45

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Terry Dotson

Mailing Address 2504 Stone Creek Drive

City

Knoxville

State

TN

Zip Code

37918

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Worldwide Equipment Inc

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: 2011M02L11BE00113

Amount of Each Receipt this Period

507.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Sarah A. Dudgeon

Mailing Address P.O. Box 325

City

Rockford

State

OH

Zip Code

45882-0325

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Housewife

Occupation  
Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 6 / 2 0 1 0

Transaction ID: 2011M02L11BE00114

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John H. Dunn

Mailing Address 2225 Rosebrooke Drive S.W.

City

Huntsville

State

AL

Zip Code

35803-5015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Boeing Company

Occupation

Engineering Technical Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 1 0

Transaction ID: 2011M02L11BE00115

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Raymond Dunne

Mailing Address 307 Brittany Terrace

City

Rock Tavern

State

NY

Zip Code

12575-5554

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 0 4

Transaction ID: 2011M02L11BE00116

Amount of Each Receipt this Period

89.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Ms. Kathleen Dvorak

Mailing Address 142 Spyglass

City

Mequeneey

State

TX

Zip Code

78123

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ridout, Barrett & Company, P.C.

Occupation

C.P.A.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 1 0

Transaction ID: 2011M02L11BE00117

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ms. Sandra L. Edwards

Mailing Address 1500 Cameron Glen Drive

City

Marietta

State

GA

Zip Code

30062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carver Tax & Accounting,  
Inc.

Occupation

Tax Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00118

Amount of Each Receipt this Period

80.00

[MEMO ITEM]

Best effort update of individual information

B.

Full Name (Last, First, Middle Initial)

Mrs. Jacqueline Elliot

Mailing Address 3000 Essex Rd # 305

City

Tinton Falls

State

NJ

Zip Code

07753-2631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 1 7 / 2 0 1 0

Transaction ID: 2011M02L11BE00119

Amount of Each Receipt this Period

110.00

[MEMO ITEM]

Best effort update of individual information

C.

Full Name (Last, First, Middle Initial)

Mr. Robert Emmick

Mailing Address 112 Doral Ln

City

North Sioux City

State

SD

Zip Code

57049-5394

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self - Employed

Occupation

Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00120

Amount of Each Receipt this Period

100.00

[MEMO ITEM]

Best effort update of individual information

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Miss Janet L. Fabrizio

Mailing Address 208 Capps Bridge Road

City

Princeton

State

NC

Zip Code

27569

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 0

Transaction ID: 2011M02L11BE00121

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Miss Janet L. Fabrizio

Mailing Address 208 Capps Bridge Road

City

Princeton

State

NC

Zip Code

27569

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 7 / 2 0 1 0

Transaction ID: 2011M02L11BE00122

Amount of Each Receipt this Period

1.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Marty Fancera

Mailing Address 256 Family Fued Drive

City

Lexington

State

NC

Zip Code

27295

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CRST Malone

Occupation  
Owner / Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 1 0

Transaction ID: 2011M02L11BE00123

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Jean P. Favreau

Mailing Address 43 Avalon Lane

City

Marlborough

State

CT

Zip Code

06447

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 8 / 2 0 1 0

Transaction ID: 2011M02L11BE00124

Amount of Each Receipt this Period

101.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Sherwood L. Fawcett

Mailing Address 1800 Riverside Drive  
Apartment 2314

City

Columbus

State

OH

Zip Code

43212-1823

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 1 0

Transaction ID: 2011M02L11BE00125

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard Harley Fender

Mailing Address 4275 Owens Road  
Apartment 2124

City

Evans

State

GA

Zip Code

30809-3081

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self - Employed

Occupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 6 / 2 0 1 0

Transaction ID: 2011M02L11BE00126

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Larry W. Ferguson

Mailing Address 617 N. Main Street

City

Eureka

State

IL

Zip Code

61530-1071

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 9 / 2 0 1 0

Transaction ID: 2011M02L11BE00127

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ernest Finniff, Jr.

Mailing Address 1059 Matthew Court

City

Hagerstown

State

MD

Zip Code

21742-3156

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00128

Amount of Each Receipt this Period

30.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ernest Finniff, Jr.

Mailing Address 1059 Matthew Court

City

Hagerstown

State

MD

Zip Code

21742-3156

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00129

Amount of Each Receipt this Period

55.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Sharron L. Folk

Mailing Address P.O. Box 1750

City

Greeneville

State

TN

Zip Code

37744-1750

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Andrew Johnson Club

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 1 0

Transaction ID: 2011M02L11BE00130

Amount of Each Receipt this Period

110.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Ms. Sharron L. Folk

Mailing Address P.O. Box 1750

City

Greeneville

State

TN

Zip Code

37744-1750

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Andrew Johnson Club

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 1 0

Transaction ID: 2011M02L11BE00131

Amount of Each Receipt this Period

110.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Larry J. Foster

Mailing Address 16733 Village Lane

City

Dallas

State

TX

Zip Code

75248

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: 2011M02L11BE00132

Amount of Each Receipt this Period

121.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gary L. Fox

Mailing Address 98 Oak Leaf Lane

City

Doylestown

State

PA

Zip Code

18901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
First Savings Bank

Occupation

Chief Lending Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 2 / 2 0 0 8

Transaction ID: 2011M02L11BE00133

Amount of Each Receipt this Period

150.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Elizabeth Frain

Mailing Address 1 Turley Court

City

North Potomac

State

MD

Zip Code

20878

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 1 0

Transaction ID: 2011M02L11BE00134

Amount of Each Receipt this Period

300.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas J. Fryer

Mailing Address 42 Parks Drive

City

Sherborn

State

MA

Zip Code

01770

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Advisors Trust  
Company

Occupation

Business Development Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00135

Amount of Each Receipt this Period

110.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. George V. Fulp

Mailing Address 14220 E. Donegal Circle

City State Zip Code  
**Wichita KS 67230**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

**11 / 30 / 2010**

**Transaction ID: 2011M02L11BE00136**

Amount of Each Receipt this Period

10.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. George V. Fulp

Mailing Address 14220 E. Donegal Circle

City State Zip Code  
**Wichita KS 67230**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

**12 / 13 / 2010**

**Transaction ID: 2011M02L11BE00137**

Amount of Each Receipt this Period

55.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. George V. Fulp

Mailing Address 14220 E. Donegal Circle

City State Zip Code  
**Wichita KS 67230**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

**12 / 15 / 2010**

**Transaction ID: 2011M02L11BE00138**

Amount of Each Receipt this Period

10.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. George V. Fulp

Mailing Address 14220 E. Donegal Circle

City State Zip Code  
**Wichita KS 67230**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 2 / 1 5 / 2 0 1 0**

**Transaction ID: 2011M02L11BE00139**

Amount of Each Receipt this Period

10.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. George V. Fulp

Mailing Address 14220 E. Donegal Circle

City State Zip Code  
**Wichita KS 67230**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 2 / 1 5 / 2 0 1 0**

**Transaction ID: 2011M02L11BE00140**

Amount of Each Receipt this Period

10.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Patrick J. Gallagher

Mailing Address 25 Judson Circle

City State Zip Code  
**Orange Park FL 32073-3001**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 6 / 2 5 / 2 0 0 8**

**Transaction ID: 2011M02L11BE00141**

Amount of Each Receipt this Period

200.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Helen Gardner

Mailing Address 4430 Highway 39

City

Klamath Falls

State

OR

Zip Code

97603-9613

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: 2011M02L11BE00142

Amount of Each Receipt this Period

30.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Helen Gardner

Mailing Address 4430 Highway 39

City

Klamath Falls

State

OR

Zip Code

97603-9613

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 1 0

Transaction ID: 2011M02L11BE00143

Amount of Each Receipt this Period

35.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Vivian Gatewood-Morse

Mailing Address 1701 Bottom Creek Lane

City

Blue Mountain

State

VA

Zip Code

24059

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Housewife

Occupation  
Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 1 0

Transaction ID: 2011M02L11BE00144

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert Blake Gelsimino

Mailing Address 500 25Th Court

City

Vero Beach

State

FL

Zip Code

32962

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Painter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 1 0

Transaction ID: 2011M02L11BE00145

Amount of Each Receipt this Period

10.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Blake Gelsimino

Mailing Address 500 25Th Court

City

Vero Beach

State

FL

Zip Code

32962

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Painter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 1 0

Transaction ID: 2011M02L11BE00146

Amount of Each Receipt this Period

10.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joseph Genewich

Mailing Address 331 Lincoln Avenue

City

Lockport

State

NY

Zip Code

14094

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 7 / 2 0 1 0

Transaction ID: 2011M02L11BE00147

Amount of Each Receipt this Period

1.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James W. George

Mailing Address 12 Lancaster Blvd

City

Bluffton

State

SC

Zip Code

29909-3131

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: 2011M02L11BE00148

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Phyllis Gerstberger

Mailing Address 6936 Fm 902

City

Gainesville

State

TX

Zip Code

76240

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 6 / 2 0 1 0

Transaction ID: 2011M02L11BE00149

Amount of Each Receipt this Period

200.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Ms. Gail L. Goff

Mailing Address H.C. 12 Box 7

City

Caprock

State

NM

Zip Code

88213

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Rancher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 9 / 2 0 1 0

Transaction ID: 2011M02L11BE00150

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Wilburn B. Gray

Mailing Address P.O. Box 175

City

Hutsonville

State

IL

Zip Code

62433-0175

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 4 / 2 0 1 0

**Transaction ID:** 2011M02L11BE00151

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Calloway Gray

Mailing Address 4515 Simms Court

City

Wheat Ridge

State

CO

Zip Code

80033-7900

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 0

**Transaction ID:** 2011M02L11BE00152

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert Calloway Gray

Mailing Address 4515 Simms Court

City

Wheat Ridge

State

CO

Zip Code

80033-7900

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 7 / 2 0 1 0

**Transaction ID:** 2011M02L11BE00153

Amount of Each Receipt this Period

101.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert Calloway Gray

Mailing Address 4515 Simms Court

City

Wheat Ridge

State

CO

Zip Code

80033-7900

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: 2011M02L11BE00154

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Calloway Gray

Mailing Address 4515 Simms Court

City

Wheat Ridge

State

CO

Zip Code

80033-7900

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 6 / 2 0 1 0

Transaction ID: 2011M02L11BE00155

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gerald Griffin

Mailing Address 3134 Falling Brook

City

San Antonio

State

TX

Zip Code

78258-4469

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Brundage Management Co.

Occupation  
Business Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00156

Amount of Each Receipt this Period

150.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ronald Guthrie

Mailing Address 4005 E. Massachusetts Street

City

Long Beach

State

CA

Zip Code

90814-2826

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 9 / 2 0 1 0

Transaction ID: 2011M02L11BE00157

Amount of Each Receipt this Period

30.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Marian Haddock

Mailing Address 137 Foxpoint Loop Road

City

Evanston

State

WY

Zip Code

82930-4781

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wyoming State Hospital

Occupation  
R. N.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 6 / 2 0 1 0

Transaction ID: 2011M02L11BE00158

Amount of Each Receipt this Period

35.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Catherine Halloran

Mailing Address 21 Wistar Road

City

Villanova

State

PA

Zip Code

19085-1512

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: 2011M02L11BE00159

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Lawerence A. Hamlett

Mailing Address 1333 Old Bethany Road

City

Pamplin

State

VA

Zip Code

23958-3802

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

**Transaction ID:** 2011M02L11BE00160

Amount of Each Receipt this Period

105.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lawerence A. Hamlett

Mailing Address 1333 Old Bethany Road

City

Pamplin

State

VA

Zip Code

23958-3802

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 8

**Transaction ID:** 2011M02L11BE00161

Amount of Each Receipt this Period

1.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Carl D. Hanson

Mailing Address 131 Milton Avenue

City

Battle Creek

State

MI

Zip Code

49017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 6 / 2 0 1 0

**Transaction ID:** 2011M02L11BE00162

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Sue Hardtner

Mailing Address 7620 Applecross Lane

City

Dallas

State

TX

Zip Code

75248-2318

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 2011M02L11BE00163

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. James C. Harris

Mailing Address 730 Osborn Hill Road

City

Tuscumbia

State

AL

Zip Code

35674-4918

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00164

Amount of Each Receipt this Period

20.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Ms. Melinda Harrison

Mailing Address P.O. Box 9777

City

Rapid City

State

SD

Zip Code

57709-9777

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Sales Director - Mary Kay Cosmetics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 6 / 2 0 1 0

Transaction ID: 2011M02L11BE00165

Amount of Each Receipt this Period

127.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Melinda Harrison

Mailing Address P.O. Box 9777

City

**Rapid City**

State

**SD**

Zip Code

**57709-9777**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

**Sales Director - Mary Kay Cosmetics**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**0.00**

Date of Receipt

**11 / 01 / 2010**

**Transaction ID: 2011M02L11BE00166**

Amount of Each Receipt this Period

**100.00**

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Hart

Mailing Address 1099 Aaron Smith Drive

City

**Bridgeport**

State

**WV**

Zip Code

**26330-9612**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

**Retired**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**0.00**

Date of Receipt

**09 / 22 / 2008**

**Transaction ID: 2011M02L11BE00167**

Amount of Each Receipt this Period

**250.00**

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert Hart

Mailing Address 1099 Aaron Smith Drive

City

**Bridgeport**

State

**WV**

Zip Code

**26330-9612**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

**Retired**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**0.00**

Date of Receipt

**09 / 07 / 2010**

**Transaction ID: 2011M02L11BE00168**

Amount of Each Receipt this Period

**500.00**

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

**0.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Owen D. Hatchell

Mailing Address 628 Douglas Park

City

Louisville

State

KY

Zip Code

40214-2017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 5 / 2 0 0 8

Transaction ID: 2011M02L11BE00169

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Owen D. Hatchell

Mailing Address 628 Douglas Park

City

Louisville

State

KY

Zip Code

40214-2017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 2 / 2 0 0 8

Transaction ID: 2011M02L11BE00170

Amount of Each Receipt this Period

200.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Owen D. Hatchell

Mailing Address 628 Douglas Park

City

Louisville

State

KY

Zip Code

40214-2017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: 2011M02L11BE00171

Amount of Each Receipt this Period

200.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 103 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Clyde Heiner

Mailing Address 388 Quail Run Road

City

Farmington

State

UT

Zip Code

84025-3819

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 6 / 2 0 1 0

Transaction ID: 2011M02L11BE00172

Amount of Each Receipt this Period

200.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Edwin Hemphill

Mailing Address 2115 1st Ave SE Apt 2206

City

Cedar Rapids

State

IA

Zip Code

52402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 6 / 2 0 1 0

Transaction ID: 2011M02L11BE00173

Amount of Each Receipt this Period

110.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Mickie Herring

Mailing Address 680 County Road J.

City

Friona

State

TX

Zip Code

79035

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self - Employed

Occupation  
Clerical

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 6 / 2 0 1 0

Transaction ID: 2011M02L11BE00174

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 104 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James Hesse

Mailing Address 1622 Terrie Drive

City

Pittsburgh

State

PA

Zip Code

15241

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00175

Amount of Each Receipt this Period

30.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Oscar V. Hicks

Mailing Address 2160 Crockett Ridge Road

City

Morristown

State

TN

Zip Code

37814-2778

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medical Center Pharmacy

Occupation  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: 2011M02L11BE00176

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Col. Robert A. Hobbs, (Ret.)

Mailing Address 117 Concord Place

City

Bull Shoals

State

AR

Zip Code

72619-2831

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 1 0

Transaction ID: 2011M02L11BE00177

Amount of Each Receipt this Period

20.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 105 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Deborah A Hodge

Mailing Address 1835 Eagle Falls

City

Houston

State

TX

Zip Code

77077-4922

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Memorial Clinical Associa-  
tion

Occupation

Nurse Practitioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 7

Transaction ID: 2011M02L11BE00178

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of ind-  
ividual information

**B.**

Full Name (Last, First, Middle Initial)

Ms. Olga A. Honea

Mailing Address 148 Rivera Court

City

Chula Vista

State

CA

Zip Code

91911-5210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wallace K. Melville

Occupation

Nanny

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 6 / 2 0 1 0

Transaction ID: 2011M02L11BE00179

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Best effort update of ind-  
ividual information

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Jolita Hopkins

Mailing Address 21 Cinnamon Court

City

Sterling

State

VA

Zip Code

20164-2126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Postal Service

Occupation

Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Transaction ID: 2011M02L11BE00180

Amount of Each Receipt this Period

55.00

**[MEMO ITEM]**

Best effort update of ind-  
ividual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Jolita Hopkins

Mailing Address 21 Cinnamon Court

City

Sterling

State

VA

Zip Code

20164-2126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Postal Service

Occupation  
Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: 2011M02L11BE00181

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Keith Hopkins

Mailing Address 2130 Edgewood Drive

City

Webster City

State

IA

Zip Code

50595

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 4 / 2 0 1 0

Transaction ID: 2011M02L11BE00182

Amount of Each Receipt this Period

201.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Hugh Hunt

Mailing Address 13153 Jane Ln.

City

Blair

State

NE

Zip Code

68008-5706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: 2011M02L11BE00183

Amount of Each Receipt this Period

1000.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Charles Ingalls

Mailing Address 2925 Jamestown Drive

City State Zip Code  
**Montgomery AL 36111**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Montgomery Vascular

Occupation  
 Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

**07 / 12 / 2010**

**Transaction ID: 2011M02L11BE00184**

Amount of Each Receipt this Period

110.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark W. Johnson

Mailing Address 66 Smokestone Drive

City State Zip Code  
**The Woodlands TX 77381-3820**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Huntsman International, LLP

Occupation  
 Director, Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

**12 / 06 / 2010**

**Transaction ID: 2011M02L11BE00185**

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mrs. C. Dexter Jordan, Jr.

Mailing Address 6003 Green Island Drive

City State Zip Code  
**Columbus GA 31904**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Housewife

Occupation  
 Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

**12 / 09 / 2010**

**Transaction ID: 2011M02L11BE00186**

Amount of Each Receipt this Period

325.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Roland P. Jotterand

Mailing Address 620 Beach Road

City

Sarasota

State

FL

Zip Code

34242-1949

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Esotronics, Inc.

Occupation

Self - Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 1 0

Transaction ID: 2011M02L11BE00187

Amount of Each Receipt this Period

500.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stanley A. Judd

Mailing Address P.O. Box 17

City

Fairbury

State

NE

Zip Code

68352-0017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 7 / 2 0 1 0

Transaction ID: 2011M02L11BE00188

Amount of Each Receipt this Period

315.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Eileen P. Kasik

Mailing Address 155 Harbor Pointe Drive

City

Brunswick

State

GA

Zip Code

31523

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Housewife

Occupation

Housewife

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00189

Amount of Each Receipt this Period

40.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Towney Kennard, Jr.

Mailing Address 1093A A1A Beach Blvd.  
P.M.B. 354

City State Zip Code  
**Saint Augustine FL 32080**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 2 / 0 7 / 2 0 1 0**

**Transaction ID: 2011M02L11BE00190**

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Denis Kerasotes

Mailing Address 31 Fairview Lane

City State Zip Code  
**Springfield IL 62711-9455**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 9 / 2 9 / 2 0 0 4**

**Transaction ID: 2011M02L11BE00191**

Amount of Each Receipt this Period

200.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Denis Kerasotes

Mailing Address 31 Fairview Lane

City State Zip Code  
**Springfield IL 62711-9455**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 1 / 2 0 0 4**

**Transaction ID: 2011M02L11BE00192**

Amount of Each Receipt this Period

700.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. William Kernan

Mailing Address 7 Talcott Road

City

Utica

State

NY

Zip Code

13502-6109

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 8

Transaction ID: 2011M02L11BE00193

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mrs. William Kernan

Mailing Address 7 Talcott Road

City

Utica

State

NY

Zip Code

13502-6109

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 7 / 2 0 1 0

Transaction ID: 2011M02L11BE00194

Amount of Each Receipt this Period

120.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. William Kieper

Mailing Address 50922 Lakeview Drive

City

Rush City

State

MN

Zip Code

55069-2684

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self - Employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 9 / 2 0 1 0

Transaction ID: 2011M02L11BE00195

Amount of Each Receipt this Period

75.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stephen D. King

Mailing Address 2701 Williamsburg Street  
 Apartment 204

City State Zip Code  
 Alexandria VA 22314

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 FEMA

Occupation  
 Federal Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 1 0 / 2 0 1 0

Transaction ID: 2011M02L11BE00196

Amount of Each Receipt this Period

200.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Betty M. King

Mailing Address 201 Roscoe Road

City State Zip Code  
 Modesto CA 95357

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00197

Amount of Each Receipt this Period

110.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Ms. Georgia L. Klimack

Mailing Address P.O. Box 52

City State Zip Code  
 Flagler CO 80815-0052

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 2 6 / 2 0 1 0

Transaction ID: 2011M02L11BE00198

Amount of Each Receipt this Period

55.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Sonya Koke

Mailing Address 777 Private Road 1006

City

Dublin

State

TX

Zip Code

76446-3960

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 1 0

Transaction ID: 2011M02L11BE00199

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Ms. Sonya Koke

Mailing Address 777 Private Road 1006

City

Dublin

State

TX

Zip Code

76446-3960

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: 2011M02L11BE00200

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Sara Kroske

Mailing Address 2145 E. San Carlos Place

City

Chandler

State

AZ

Zip Code

85249-3277

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 1 0

Transaction ID: 2011M02L11BE00201

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Raymond Kunde

Mailing Address 725 Hamilton Lane

City

Fallbrook

State

CA

Zip Code

92028-1866

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 8

Transaction ID: 2011M02L11BE00202

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Raymond Kunde

Mailing Address 725 Hamilton Lane

City

Fallbrook

State

CA

Zip Code

92028-1866

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 8

Transaction ID: 2011M02L11BE00203

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Ruth Lane

Mailing Address 1503 16Th Street N.W.  
Unit C.

City

Minot

State

ND

Zip Code

58703-1174

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 6 / 2 0 1 0

Transaction ID: 2011M02L11BE00204

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard B. Lapin

Mailing Address 1122 Promontory Terrace

City

San Ramon

State

CA

Zip Code

94583-1662

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 4 / 2 0 1 0

Transaction ID: 2011M02L11BE00205

Amount of Each Receipt this Period

55.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lanny Laritz

Mailing Address 8632 Oak Valley Road

City

Holland

State

OH

Zip Code

43528-9218

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 9 / 2 0 1 0

Transaction ID: 2011M02L11BE00206

Amount of Each Receipt this Period

110.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mary Jane Leathers

Mailing Address 9481 County Road 123

City

Centerville

State

TX

Zip Code

75833-2637

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: 2011M02L11BE00207

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mary Jane Leathers

Mailing Address 9481 County Road 123

City

Centerville

State

TX

Zip Code

75833-2637

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: 2011M02L11BE00208

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Peter R. Ledoux

Mailing Address 2 Buckingham Court

City

San Antonio

State

TX

Zip Code

78257

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
P.R.M.A.

Occupation  
Plastic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: 2011M02L11BE00209

Amount of Each Receipt this Period

500.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael Lee

Mailing Address 1153 N. Everett Street

City

Glendale

State

CA

Zip Code

91207-1743

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
9 - 6 Layne, Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 9 / 2 0 1 0

Transaction ID: 2011M02L11BE00210

Amount of Each Receipt this Period

200.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James Phillip Lee

Mailing Address 1840 Foxhall Lane

City

Mebane

State

NC

Zip Code

27302-8131

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00211

Amount of Each Receipt this Period

55.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Lehman

Mailing Address 16129 Edgemont Drive

City

Fort Myers

State

FL

Zip Code

33908

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: 2011M02L11BE00212

Amount of Each Receipt this Period

110.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ross Little

Mailing Address 100 Harwell Drive

City

Lafayette

State

LA

Zip Code

70503-4855

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Teche Federal Bank

Occupation

Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 1 0

Transaction ID: 2011M02L11BE00213

Amount of Each Receipt this Period

240.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Roy Lomicka

Mailing Address 258 Heritage Drive

City

Rochester

State

NY

Zip Code

14615-1156

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 6 / 2 0 1 0

Transaction ID: 2011M02L11BE00214

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Vivian H. Luke

Mailing Address 2203 Harmony Street

City

Monroe

State

LA

Zip Code

71201-3028

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00215

Amount of Each Receipt this Period

30.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Marcia Lunka

Mailing Address 1825 Mooringline Drive  
P.H. C.

City

Vero Beach

State

FL

Zip Code

32963-2961

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00216

Amount of Each Receipt this Period

40.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Adelaide Luplow

Mailing Address 300 Woodridge Road

City

Bloomfield Hills

State

MI

Zip Code

48304-3467

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 6 / 2 0 1 0

Transaction ID: 2011M02L11BE00217

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Ms. Elizabeth L. Lytle

Mailing Address 833 G. Street  
Apartment 1

City

Salida

State

CO

Zip Code

81201-2444

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 6 / 2 0 1 0

Transaction ID: 2011M02L11BE00218

Amount of Each Receipt this Period

35.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Ms. Elizabeth L. Lytle

Mailing Address 833 G. Street  
Apartment 1

City

Salida

State

CO

Zip Code

81201-2444

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: 2011M02L11BE00219

Amount of Each Receipt this Period

35.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Kathryn Mach

Mailing Address 6451 Oriole Avenue

City

Excelsior

State

MN

Zip Code

55331-7809

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Park Nicollet

Occupation  
R.N.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: 2011M02L11BE00220

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Ms. Kathryn Mach

Mailing Address 6451 Oriole Avenue

City

Excelsior

State

MN

Zip Code

55331-7809

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Park Nicollet

Occupation  
R.N.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: 2011M02L11BE00221

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Ms. Kathryn Mach

Mailing Address 6451 Oriole Avenue

City

Excelsior

State

MN

Zip Code

55331-7809

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Park Nicollet

Occupation  
R.N.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: 2011M02L11BE00222

Amount of Each Receipt this Period

50.90

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 1391

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Maltese, Jr.

Mailing Address 9 E. Saddle River Road

City

Saddle River

State

NJ

Zip Code

07458-3204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Maltese Associates L.L.C.

Occupation  
Textiles

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 0

Transaction ID: 2011M02L11BE00223

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Maltese, Jr.

Mailing Address 9 E. Saddle River Road

City

Saddle River

State

NJ

Zip Code

07458-3204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Maltese Associates L.L.C.

Occupation  
Textiles

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 2 / 2 0 0 0

Transaction ID: 2011M02L11BE00224

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Maltese, Jr.

Mailing Address 9 E. Saddle River Road

City

Saddle River

State

NJ

Zip Code

07458-3204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Maltese Associates L.L.C.

Occupation  
Textiles

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 4

Transaction ID: 2011M02L11BE00225

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 121 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Maltese, Jr.

Mailing Address 9 E. Saddle River Road

City

Saddle River

State

NJ

Zip Code

07458-3204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Maltese Associates L.L.C.

Occupation  
Textiles

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 8

Transaction ID: 2011M02L11BE00226

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph J. Marraro

Mailing Address 10 Simpson Place

City

Metuchen

State

NJ

Zip Code

08840-2535

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allied Real Estate Management

Occupation  
Real Estate Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 9 / 2 0 1 0

Transaction ID: 2011M02L11BE00227

Amount of Each Receipt this Period

110.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. George C. Martin, Jr.

Mailing Address 4513 Oxford Street  
P. O. Box 189

City

Garrett Park

State

MD

Zip Code

20896-0189

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self - Employed

Occupation  
Construction Consultant & Property Man

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00228

Amount of Each Receipt this Period

120.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. David J. Martinez

Mailing Address P.O. Box 4491

City

Alexandria

State

VA

Zip Code

22303

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. House of Representat-  
ives

Occupation

System Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 1 0

Transaction ID: 2011M02L11BE00229

Amount of Each Receipt this Period

1000.00

**[MEMO ITEM]**

Best effort update of ind-  
ividual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Austin T. Maunz

Mailing Address 1100 Charles Street

City

Fairmont

State

WV

Zip Code

26554-4907

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 1 0

Transaction ID: 2011M02L11BE00230

Amount of Each Receipt this Period

35.00

**[MEMO ITEM]**

Best effort update of ind-  
ividual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mark Mc Isaac

Mailing Address 2940 Beechwood Road

City

Rose City

State

MI

Zip Code

48654-9503

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tawas Tool Company

Occupation

Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 7 / 2 0 1 0

Transaction ID: 2011M02L11BE00231

Amount of Each Receipt this Period

11.00

**[MEMO ITEM]**

Best effort update of ind-  
ividual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Tom E. Mc Namara

Mailing Address 8104 Rock Creek Road

City

Waco

State

TX

Zip Code

76708-7310

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 1 0

Transaction ID: 2011M02L11BE00232

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Sarah B. Mc Teer

Mailing Address 1601 Regal Oak Drive  
Everett Mc Teer

City

Kissimmee

State

FL

Zip Code

34744-6644

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 9 / 2 0 1 0

Transaction ID: 2011M02L11BE00233

Amount of Each Receipt this Period

20.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard Mckeon

Mailing Address 712 127th St

City

College Point

State

NY

Zip Code

11356

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 1 0

Transaction ID: 2011M02L11BE00234

Amount of Each Receipt this Period

220.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael Meissner

Mailing Address 2 Weeping Spruce Place

City

Conroe

State

TX

Zip Code

77384-4773

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Chevron Phillips Chemical  
Co.

Occupation

Finance Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 1 0

Transaction ID: 2011M02L11BE00235

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael Meissner

Mailing Address 2 Weeping Spruce Place

City

Conroe

State

TX

Zip Code

77384-4773

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Chevron Phillips Chemical  
Co.

Occupation

Finance Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011M02L11BE00236

Amount of Each Receipt this Period

75.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Willie Meistelman

Mailing Address 19 Woodlawn Avenue

City

Staten Island

State

NY

Zip Code

10305-1536

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self - Employed

Occupation

Salesman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00237

Amount of Each Receipt this Period

70.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Felix Mejia

Mailing Address 2402 Harrison Street

City

San Francisco

State

CA

Zip Code

94110-2711

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 9 / 2 0 1 0

Transaction ID: 2011M02L11BE00238

Amount of Each Receipt this Period

20.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Arthur Mengon

Mailing Address 1107 Saint George Road

City

Evansville

State

IN

Zip Code

47711

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00239

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. David R. Michau

Mailing Address 5222 N. Capitol Avenue

City

Indianapolis

State

IN

Zip Code

46208-2603

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pantera Group, Inc.

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: 2011M02L11BE00240

Amount of Each Receipt this Period

82.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John R. Miller, Jr.

Mailing Address 215 Deer Street

City  
**Brewton**

State  
**AL**

Zip Code  
**36426-2141**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**T.R. Miller Mill Company  
 Inc.**

Occupation  
**Retired**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 0 2 / 2 0 0 8**

Transaction ID: 2011M02L11BE00241

Amount of Each Receipt this Period

500.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Frank R. Milnor

Mailing Address 53 Knox Circle

City  
**Evanston**

State  
**IL**

Zip Code  
**60201**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Homemaker**

Occupation  
**Homemaker**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 9 / 1 6 / 2 0 1 0**

Transaction ID: 2011M02L11BE00242

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Frank R. Milnor

Mailing Address 53 Knox Circle

City  
**Evanston**

State  
**IL**

Zip Code  
**60201**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Homemaker**

Occupation  
**Homemaker**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 9 / 2 9 / 2 0 1 0**

Transaction ID: 2011M02L11BE00243

Amount of Each Receipt this Period

101.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Chris Mitsos

Mailing Address 109 Ludwig Road

City

New Castle

State

PA

Zip Code

16105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Balph, Nicolls, Mitsos,  
Flannery &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
Attorney

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: 2011M02L11BE00244

Amount of Each Receipt this Period

110.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ronald A. Mollis

Mailing Address P.O. Box 777

City

Garden Grove

State

CA

Zip Code

92842-0777

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mollis & Mollis, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
Attorney

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: 2011M02L11BE00245

Amount of Each Receipt this Period

1.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ronald A. Mollis

Mailing Address P.O. Box 777

City

Garden Grove

State

CA

Zip Code

92842-0777

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mollis & Mollis, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
Attorney

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: 2011M02L11BE00246

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Albert C. Moss, Jr.

Mailing Address 843 Post Oak Circle

City

Lawrenceville

State

GA

Zip Code

30046-6220

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 1 0

Transaction ID: 2011M02L11BE00247

Amount of Each Receipt this Period

1.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Gabriella Polony Mountain

Mailing Address 11317 Jarboe Street

City

Kansas City

State

MO

Zip Code

64114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Sculpter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: 2011M02L11BE00248

Amount of Each Receipt this Period

25.45

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Gabriella Polony Mountain

Mailing Address 11317 Jarboe Street

City

Kansas City

State

MO

Zip Code

64114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Sculpter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: 2011M02L11BE00249

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Ms. Alice Munger

Mailing Address 2422 Windmill Drive

City

Spearfish

State

SD

Zip Code

57783-9570

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	1	0

Transaction ID: 2011M02L11BE00250

Amount of Each Receipt this Period

40.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michio Nakaiye

Mailing Address 7513 S. Budong Avenue

City

Gardena

State

CA

Zip Code

90248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	3	/	2	0	1	0

Transaction ID: 2011M02L11BE00251

Amount of Each Receipt this Period

40.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Ms. Karolyn F. Nelson

Mailing Address 5031 Bailey Road

City

Delavan

State

WI

Zip Code

53115-3795

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Racine Unified School District

Occupation

Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	1	0

Transaction ID: 2011M02L11BE00252

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Ms. Julia P. Nestlerode

Mailing Address P.O. Box 295

City State Zip Code  
 Smithmill PA 16680

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Homemaker

Occupation  
 Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00253

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Robert S. Olcott, Jr.

Mailing Address 2100 Kestrel Court

City State Zip Code  
 Lancaster PA 17603-2458

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00254

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)  
 Mrs. Doris Orr

Mailing Address 2122 Fellowship Road

City State Zip Code  
 Basking Ridge NJ 07920-3902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00255

Amount of Each Receipt this Period

110.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Anne Osborne

Mailing Address 5412 Wakefield Drive

City State Zip Code  
**Nashville TN 37220**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 2 / 1 0 / 2 0 1 0**

**Transaction ID: 2011M02L11BE00256**

Amount of Each Receipt this Period

240.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Ms. Kamala Overman

Mailing Address 11353 E. 350 N.

City State Zip Code  
**Otterbein IN 47970-8033**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Housewife

Occupation  
Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 2 / 0 6 / 2 0 1 0**

**Transaction ID: 2011M02L11BE00257**

Amount of Each Receipt this Period

125.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Ms. Kamala Overman

Mailing Address 11353 E. 350 N.

City State Zip Code  
**Otterbein IN 47970-8033**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Housewife

Occupation  
Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 2 / 2 0 / 2 0 1 0**

**Transaction ID: 2011M02L11BE00258**

Amount of Each Receipt this Period

140.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Malcolm J. Palm

Mailing Address 184 W. Main Street  
Apartment 2

City State Zip Code  
Milford CT 06460-2520

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self - Employed

Occupation  
Musician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00259

Amount of Each Receipt this Period

110.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard S. Parker

Mailing Address 45 Paloma Avenue

City State Zip Code  
Venice CA 90291-2418

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self - Employed

Occupation  
Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 9 / 2 0 1 0

Transaction ID: 2011M02L11BE00260

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard S. Parker

Mailing Address 45 Paloma Avenue

City State Zip Code  
Venice CA 90291-2418

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self - Employed

Occupation  
Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00261

Amount of Each Receipt this Period

110.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Donald C. Patterson

Mailing Address 153 Plainsboro Road

City

Cranbury

State

NJ

Zip Code

08512-2602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 2 / 2 0 0 8

Transaction ID: 2011M02L11BE00262

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Donald C. Patterson

Mailing Address 153 Plainsboro Road

City

Cranbury

State

NJ

Zip Code

08512-2602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 6 / 2 0 0 9

Transaction ID: 2011M02L11BE00263

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Donald C. Patterson

Mailing Address 153 Plainsboro Road

City

Cranbury

State

NJ

Zip Code

08512-2602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: 2011M02L11BE00264

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Donald C. Patterson

Mailing Address 153 Plainsboro Road

City

Cranbury

State

NJ

Zip Code

08512-2602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 0 / 2 0 1 0

Transaction ID: 2011M02L11BE00265

Amount of Each Receipt this Period

254.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Pattison

Mailing Address 505 Clearmount Avenue S.E.

City

North Canton

State

OH

Zip Code

44720-3215

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00266

Amount of Each Receipt this Period

60.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ronlad L. Payne

Mailing Address 2146 Sharon Lane

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00267

Amount of Each Receipt this Period

110.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert O. Peneguy

Mailing Address 7200 Pine Barren Court

City State Zip Code  
 Mobile AL 36695

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 1 0 / 2 0 1 0

**Transaction ID:** 2011M02L11BE00268

Amount of Each Receipt this Period

275.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Ms. Carol Ann Pennell

Mailing Address 414 E. Woodland Drive

City State Zip Code  
 Harlingen TX 78550-4979

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 6 / 2 0 1 0

**Transaction ID:** 2011M02L11BE00269

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mark E. Perkins

Mailing Address 5857 National Road

City State Zip Code  
 Triadelphia WV 26059

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ohio Valley Baptist Church

Occupation  
Pastor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 3 0 / 2 0 1 0

**Transaction ID:** 2011M02L11BE00270

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 136 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Sara Pesantez

Mailing Address 9009 143Rd Street

City

Jamaica

State

NY

Zip Code

11435-4223

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Board Of Education

Occupation

Temporary Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00271

Amount of Each Receipt this Period

55.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jerald Peterson

Mailing Address 79 Shadowbark Drive

City

Garner

State

NC

Zip Code

27529-6502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00272

Amount of Each Receipt this Period

30.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael Petrucci

Mailing Address 4975 Waldon Rd

City

Clarkston

State

MI

Zip Code

48348-5018

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fine Arts Sculpture Center

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00273

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Farren Pillsbury

Mailing Address 1020 Arden Street

City

Longwood

State

FL

Zip Code

32750-6315

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Seminole County Public Schools

Occupation  
Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00274

Amount of Each Receipt this Period

55.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Ms. Claudia Piston

Mailing Address 246 N. Country Club Road

City

Glendora

State

CA

Zip Code

91741-3916

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Southern California Edison

Occupation  
Corporate Auditor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00275

Amount of Each Receipt this Period

80.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert M. Posner

Mailing Address 13505 Shell Beach Court

City

Delray Beach

State

FL

Zip Code

33446

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Chemist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 1 0

Transaction ID: 2011M02L11BE00276

Amount of Each Receipt this Period

120.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 138 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Larry Lee Potter

Mailing Address P.O. Box 9527

City

Wichita Falls

State

TX

Zip Code

76308

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 1 0

Transaction ID: 2011M02L11BE00277

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Pracilio

Mailing Address 83 Osborne Hill Road

City

Fairfield

State

CT

Zip Code

06824

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rain C11 Carbon

Occupation  
Director, Chartering

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: 2011M02L11BE00278

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Delores S. Reiersen

Mailing Address 2626 Terrace Drive #D

City

Honolulu

State

HI

Zip Code

96822

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: 2011M02L11BE00279

Amount of Each Receipt this Period

300.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Delores S. Reiersen

Mailing Address 2626 Terrace Drive #D

City

Honolulu

State

HI

Zip Code

96822

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 1 0

Transaction ID: 2011M02L11BE00280

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Donald R. Reukema

Mailing Address 220 Dodge Trail

City

Keller

State

TX

Zip Code

76248-4940

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00281

Amount of Each Receipt this Period

35.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Donald R. Reukema

Mailing Address 220 Dodge Trail

City

Keller

State

TX

Zip Code

76248-4940

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 8 / 2 0 1 0

Transaction ID: 2011M02L11BE00282

Amount of Each Receipt this Period

35.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Samuel J. Revak

Mailing Address 2491 Linwood Lane

City

Woodbridge

State

VA

Zip Code

22192

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
A.T.G.

Occupation  
Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 6 / 2 0 1 0

Transaction ID: 2011M02L11BE00283

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Samuel J. Revak

Mailing Address 2491 Linwood Lane

City

Woodbridge

State

VA

Zip Code

22192

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
A.T.G.

Occupation  
Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

Transaction ID: 2011M02L11BE00284

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Samuel J. Revak

Mailing Address 2491 Linwood Lane

City

Woodbridge

State

VA

Zip Code

22192

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
A.T.G.

Occupation  
Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: 2011M02L11BE00285

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Samuel J. Revak

Mailing Address 2491 Linwood Lane

City

Woodbridge

State

VA

Zip Code

22192

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
A.T.G.

Occupation  
Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 1 0

Transaction ID: 2011M02L11BE00286

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ernest J. Richard, Sr.

Mailing Address 1510 Demosthenes Street

City

Metairie

State

LA

Zip Code

70005-2702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 6 / 2 0 1 0

Transaction ID: 2011M02L11BE00287

Amount of Each Receipt this Period

30.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ernest J. Richard, Sr.

Mailing Address 1510 Demosthenes Street

City

Metairie

State

LA

Zip Code

70005-2702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00288

Amount of Each Receipt this Period

30.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard Riggs

Mailing Address 1128 Burclecect Street

City

New Orleans

State

LA

Zip Code

70115

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 1 0

**Transaction ID:** 2011M02L11BE00289

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mrs. L. E. Ripley

Mailing Address 1 Gulls Cove

City

Manhasset

State

NY

Zip Code

11030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Housewife

Occupation  
Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 1 0

**Transaction ID:** 2011M02L11BE00290

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. James Robertson

Mailing Address P.O. Box 3

City

Waconia

State

MN

Zip Code

55387

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 1 0

**Transaction ID:** 2011M02L11BE00291

Amount of Each Receipt this Period

35.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Nancy A. Roe

Mailing Address 104 Timber Lane

City

Jupiter

State

FL

Zip Code

33458-7707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Home Health Care CompanyOccupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	1	0

Transaction ID: 2011M02L11BE00292

Amount of Each Receipt this Period

150.00

**[MEMO ITEM]**Best effort update of ind-  
ividual information**B.**

Full Name (Last, First, Middle Initial)

Ms. Nancy A. Roe

Mailing Address 104 Timber Lane

City

Jupiter

State

FL

Zip Code

33458-7707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Home Health Care CompanyOccupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	1	0

Transaction ID: 2011M02L11BE00293

Amount of Each Receipt this Period

165.00

**[MEMO ITEM]**Best effort update of ind-  
ividual information**C.**

Full Name (Last, First, Middle Initial)

Mr. Cole A. Roland

Mailing Address 3005 2Nd Street N.W.

City

Albuquerque

State

NM

Zip Code

87113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mudd BrothersOccupation  
Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	6		2	0	1	0

Transaction ID: 2011M02L11BE00294

Amount of Each Receipt this Period

300.00

**[MEMO ITEM]**Best effort update of ind-  
ividual information**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Evelyn Rosenau

Mailing Address 1605 N. New Hampshire Avenue

City State Zip Code  
**Tavares FL 32778**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

**11 / 29 / 2010**

**Transaction ID: 2011M02L11BE00295**

Amount of Each Receipt this Period

15.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Steve W. Rowe

Mailing Address 15336 Cuming Street

City State Zip Code  
**Omaha NE 68154-1862**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

**12 / 07 / 2010**

**Transaction ID: 2011M02L11BE00296**

Amount of Each Receipt this Period

20.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Francis R. Ryan, Jr.

Mailing Address 179 Waterbury Hill Road

City State Zip Code  
**Lagrangeville NY 12540**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ryan Sand & Gravel, Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

**11 / 30 / 2010**

**Transaction ID: 2011M02L11BE00297**

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Frederick Salzman

Mailing Address 5304 Cerino Court

City State Zip Code  
 Virginia Beach VA 23464

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 2 / 2 0 1 0

Transaction ID: 2011M02L11BE00298

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Frederick Salzman

Mailing Address 5304 Cerino Court

City State Zip Code  
 Virginia Beach VA 23464

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 7 / 2 0 1 0

Transaction ID: 2011M02L11BE00299

Amount of Each Receipt this Period

26.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Frederick Salzman

Mailing Address 5304 Cerino Court

City State Zip Code  
 Virginia Beach VA 23464

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 4 / 2 0 1 0

Transaction ID: 2011M02L11BE00300

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard Sanders

Mailing Address 7625 Myrtle Beach Drive

City

Beaumont

State

TX

Zip Code

77707-5428

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 0

Transaction ID: 2011M02L11BE00301

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Octav Sarbu

Mailing Address 1444 Morgan Avenue

City

La Grange Park

State

IL

Zip Code

60526-1310

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Draper and Kramer

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 7 / 2 0 1 0

Transaction ID: 2011M02L11BE00302

Amount of Each Receipt this Period

127.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Octav Sarbu

Mailing Address 1444 Morgan Avenue

City

La Grange Park

State

IL

Zip Code

60526-1310

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Draper and Kramer

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: 2011M02L11BE00303

Amount of Each Receipt this Period

127.25

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Samuel Sarfati

Mailing Address 21117 N.E. 24Th Avenue

City

Miami

State

FL

Zip Code

33180-1065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	1	0

Transaction ID: 2011M02L11BE00304

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**Best effort update of ind-  
ividual information**B.**

Full Name (Last, First, Middle Initial)

Mr. Stephen Scala

Mailing Address 277 Silver Spring Rd.

City

Ridgefield

State

CT

Zip Code

06877-5410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	1	0

Transaction ID: 2011M02L11BE00305

Amount of Each Receipt this Period

55.00

**[MEMO ITEM]**Best effort update of ind-  
ividual information**C.**

Full Name (Last, First, Middle Initial)

Mrs. Frank J. Scanio, Jr.

Mailing Address 4022 Ocean Drive

City

Corpus Christi

State

TX

Zip Code

78411-1222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	8

Transaction ID: 2011M02L11BE00306

Amount of Each Receipt this Period

2000.00

**[MEMO ITEM]**Best effort update of ind-  
ividual information

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Frank J. Scanio, Jr.

Mailing Address 4022 Ocean Drive

City

Corpus Christi

State

TX

Zip Code

78411-1222

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 2011M02L11BE00307

Amount of Each Receipt this Period

3500.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Henry G. Schmidt

Mailing Address 1475 East U.S. Highway 6

City

Ottawa

State

IL

Zip Code

61350-9764

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00308

Amount of Each Receipt this Period

10.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Albert F. Schmidt

Mailing Address 3231 199Th Place S.E.

City

Bothell

State

WA

Zip Code

98012-7269

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 1 0

Transaction ID: 2011M02L11BE00309

Amount of Each Receipt this Period

51.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Carol A. Schmitz

Mailing Address 6317 E. Hinsdale Avenue

City

Centennial

State

CO

Zip Code

80112-1533

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Great - West Life & Annuity Insurance

Occupation  
Paralegal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 1 0

Transaction ID: 2011M02L11BE00310

Amount of Each Receipt this Period

75.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bud Schroeder

Mailing Address 13763 Briarwood Lane

City

Roscoe

State

IL

Zip Code

61073-8456

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00311

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. David H. Schultz

Mailing Address 519 Sullivans Way

City

Seneca

State

SC

Zip Code

29672

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00312

Amount of Each Receipt this Period

35.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. E. Maxine Schulz

Mailing Address 1112 19Th Street

City

Gothenburg

State

NE

Zip Code

69138

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation  
None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 6 / 2 0 1 0

Transaction ID: 2011M02L11BE00313

Amount of Each Receipt this Period

20.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Ms. E. Maxine Schulz

Mailing Address 1112 19Th Street

City

Gothenburg

State

NE

Zip Code

69138

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation  
None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 1 0

Transaction ID: 2011M02L11BE00314

Amount of Each Receipt this Period

20.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Shirley Selby

Mailing Address 150 Carson Avenue

City

Auburn

State

CA

Zip Code

95603

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: 2011M02L11BE00315

Amount of Each Receipt this Period

41.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. George Semel

Mailing Address 450 S Beverly Dr

City

Beverly Hills

State

CA

Zip Code

90212-4402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self - Employed

Occupation

Plastic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 8 / 2 0 1 0

Transaction ID: 2011M02L11BE00316

Amount of Each Receipt this Period

101.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. George Semel

Mailing Address 450 S Beverly Dr

City

Beverly Hills

State

CA

Zip Code

90212-4402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self - Employed

Occupation

Plastic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 9 / 2 0 1 0

Transaction ID: 2011M02L11BE00317

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Alice Serres

Mailing Address 11283 Serres Lane N.E.

City

Woodburn

State

OR

Zip Code

97071

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Back Acre Hap Farms, Inc.

Occupation

Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 9 / 2 0 1 0

Transaction ID: 2011M02L11BE00318

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 152 / 1391

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Barbara W. Serrin

Mailing Address 4422 Dupont Avenue S.

City

Minneapolis

State

MN

Zip Code

55419

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 1 0

Transaction ID: 2011M02L11BE00319

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bryan Sexton

Mailing Address P.O. Box 61151

City

Crp Christi

State

TX

Zip Code

78466-1151

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self - Employed

Occupation  
Geologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: 2011M02L11BE00320

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. George Seyfert

Mailing Address 56 W. Fenimore Street

City

Valley Stream

State

NY

Zip Code

11580

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mulligan Security Co.

Occupation  
Security Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: 2011M02L11BE00321

Amount of Each Receipt this Period

55.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James Shaffer

Mailing Address 15665 Lamp Circle

City

Omaha

State

NE

Zip Code

68118-2038

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self - Employed

Occupation

Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 9 / 2 0 1 0

Transaction ID: 2011M02L11BE00322

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Ms. Marlys C. Shearman

Mailing Address 2024 Sedona Hills Parkway

City

Las Cruces

State

NM

Zip Code

88011-4132

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 9 / 2 0 1 0

Transaction ID: 2011M02L11BE00323

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Walter E. Shepherd

Mailing Address 7117 Victoria Circle

City

University Park

State

FL

Zip Code

34201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00324

Amount of Each Receipt this Period

110.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jack H Sheridan

Mailing Address 506 N. Louise Avenue

City

Saint James

State

MO

Zip Code

65559-1092

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 4 / 2 0 1 0

Transaction ID: 2011M02L11BE00325

Amount of Each Receipt this Period

60.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert E. Shmalberg

Mailing Address 326 Homestead Drive

City

Lawrence

State

KS

Zip Code

66049

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 7 / 2 0 1 0

Transaction ID: 2011M02L11BE00326

Amount of Each Receipt this Period

201.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Betty Shoher

Mailing Address 1200 E. 1St Street

City

Clovis

State

NM

Zip Code

88101-7846

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bison RV Center, Inc.

Occupation  
Reasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00327

Amount of Each Receipt this Period

130.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Stuart Shumate

Mailing Address 1550 Westbrook Avenue  
 Apartment 6213

City State Zip Code  
 Richmond VA 23227

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 8 / 0 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00328

Amount of Each Receipt this Period

150.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)  
 Ms. Diane V. Sigman

Mailing Address 7112 W. 350 N.

City State Zip Code  
 West Lafayette IN 47906-9454

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00329

Amount of Each Receipt this Period

55.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Robby Sisco

Mailing Address P.O. Box 3745

City State Zip Code  
 Natick MA 01760-0030

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Cabot Corporation

Occupation  
 Human Resosurces

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 2 2 / 2 0 0 8

Transaction ID: 2011M02L11BE00330

Amount of Each Receipt this Period

200.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robby Sisco

Mailing Address P.O. Box 3745

City

Natick

State

MA

Zip Code

01760-0030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cabot Corporation

Occupation

Human Resosurces

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

Transaction ID: 2011M02L11BE00331

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Best effort update of ind-  
ividual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul K. Smith, Jr.

Mailing Address 4 North Autumnwood Way

City

The Woodlands

State

TX

Zip Code

77380-1304

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00332

Amount of Each Receipt this Period

60.00

**[MEMO ITEM]**

Best effort update of ind-  
ividual information

**C.**

Full Name (Last, First, Middle Initial)

Ms. Wilhelmina R. Smith

Mailing Address 2121 Kirby Drive  
#36

City

Houston

State

TX

Zip Code

77019-6065

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation

None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 0 4

Transaction ID: 2011M02L11BE00333

Amount of Each Receipt this Period

5000.00

**[MEMO ITEM]**

Best effort update of ind-  
ividual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Ms. Wilhelmina R. Smith

Mailing Address 2121 Kirby Drive  
 #36

City State Zip Code  
 Houston TX 77019-6065

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 None

Occupation  
 None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 1 / 2 0 0 6

Transaction ID: 2011M02L11BE00334

Amount of Each Receipt this Period

2500.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)  
 Ms. Susan Smith

Mailing Address 23 E. Bay Blvd.

City State Zip Code  
 Spring TX 77380

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 None

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 0 / 2 0 1 0

Transaction ID: 2011M02L11BE00335

Amount of Each Receipt this Period

127.25

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)  
 Ms. Susan Smith

Mailing Address 23 E. Bay Blvd.

City State Zip Code  
 Spring TX 77380

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 None

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 1 / 2 0 1 0

Transaction ID: 2011M02L11BE00336

Amount of Each Receipt this Period

101.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Susan Smith

Mailing Address 23 E. Bay Blvd.

City

Spring

State

TX

Zip Code

77380

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00337

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. David G. Smith

Mailing Address 6834 Turnberry Isle Court

City

Lakewood Ranch

State

FL

Zip Code

34201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: 2011M02L11BE00338

Amount of Each Receipt this Period

201.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Alna R. Smith

Mailing Address 24 Rock Crest Drive

City

Signal Mountain

State

TN

Zip Code

37377

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Porter Warner Industries,  
LLC

Occupation  
V. P. Sales & Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 1 0

Transaction ID: 2011M02L11BE00339

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Herbert F. Snook

Mailing Address 18011 S.E. Harrison Street

City State Zip Code  
**Portland OR 97233-5127**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oregon First Realtor

Occupation  
Realtor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

**12 / 13 / 2010**

**Transaction ID: 2011M02L11BE00340**

Amount of Each Receipt this Period

55.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark Southard

Mailing Address 2215 Turner Street

City State Zip Code  
**Ponca City OK 74604-2737**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Conoco Phillips

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

**12 / 07 / 2010**

**Transaction ID: 2011M02L11BE00341**

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Alyn Sovak

Mailing Address 443 South Shore Drive

City State Zip Code  
**Southport NC 28461-8807**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

**06 / 17 / 2009**

**Transaction ID: 2011M02L11BE00342**

Amount of Each Receipt this Period

35.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Alyn Sovak

Mailing Address 443 South Shore Drive

City

Southport

State

NC

Zip Code

28461-8807

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 9

Transaction ID: 2011M02L11BE00343

Amount of Each Receipt this Period

35.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Roger D. Spencer

Mailing Address P.O. Box 2551

City

Hayden

State

ID

Zip Code

83835-2551

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 1 0

Transaction ID: 2011M02L11BE00344

Amount of Each Receipt this Period

20.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Terry L. Spickert

Mailing Address 7925 S. Bennett Drive

City

Columbia

State

MO

Zip Code

65201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
M.F.A., Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 2011M02L11BE00345

Amount of Each Receipt this Period

26.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Baldassano P. Spoto

Mailing Address 3018 Oakbrook Circle

City

Clearwater

State

FL

Zip Code

33759-1361

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Spoto's grill 131

Occupation

Restaurant owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 6 / 2 0 1 0

Transaction ID: 2011M02L11BE00346

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas E. Stalvey

Mailing Address 7008 Franklinville Road

City

Valdosta

State

GA

Zip Code

31605-5666

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 2011M02L11BE00347

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. John C. Stammreich

Mailing Address 21 Santa Catalina Drive

City

Rancho Palos Verde

State

CA

Zip Code

90275

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
V P5 Investments

Occupation

Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00348

Amount of Each Receipt this Period

300.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Wallace A. Stanberry

Mailing Address 5704 Sweetwater Drive

City

Shreveport

State

LA

Zip Code

71119

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self - Employed

Occupation

Petroleum Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 6 / 2 0 1 0

Transaction ID: 2011M02L11BE00349

Amount of Each Receipt this Period

60.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Dolores Stetson

Mailing Address P.O. Box 7683

City

Tacoma

State

WA

Zip Code

98417

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00350

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Astrida Strautnieks

Mailing Address 10959 Kurzeme Road

City

Three Rivers

State

MI

Zip Code

49093-8540

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00351

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 163 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Astrida Strautnieks

Mailing Address 10959 Kurzeme Road

City

Three Rivers

State

MI

Zip Code

49093-8540

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 0 / 2 0 1 0

Transaction ID: 2011M02L11BE00352

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Leonell C. Strong, III

Mailing Address 4901 Seminary Road  
Apartment 1203

City

Alexandria

State

VA

Zip Code

22311-1827

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00353

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. John W. Stuntz

Mailing Address 110 Green Spring Drive  
Hillsmere Shores

City

Annapolis

State

MD

Zip Code

21403

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 1 / 2 0 1 0

Transaction ID: 2011M02L11BE00354

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. John W. Stuntz

Mailing Address 110 Green Spring Drive  
Hillsmere ShoresCity State Zip Code  
Annapolis MD 21403FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00355

Amount of Each Receipt this Period

1.00

**[MEMO ITEM]**Best effort update of ind-  
ividual information**B.**

Full Name (Last, First, Middle Initial)

Mr. Lonny Ray Sullivan

Mailing Address P.O. Box 5

City State Zip Code  
Lake Stevens WA 98258-0005FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 1 0

Transaction ID: 2011M02L11BE00356

Amount of Each Receipt this Period

50.90

**[MEMO ITEM]**Best effort update of ind-  
ividual information**C.**

Full Name (Last, First, Middle Initial)

Mr. William E. Swann

Mailing Address 1631 Long Hill Road

City State Zip Code  
Millington NJ 07946-1816FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Svonik IndustriesOccupation  
Regional Sales Manager - Northeast

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 9 / 2 0 1 0

Transaction ID: 2011M02L11BE00357

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**Best effort update of ind-  
ividual information

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Krystyna Szytkiel

Mailing Address 32340 Sylvan Lane

City

Beverly Hills

State

MI

Zip Code

48025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 9 / 2 0 0 2

Transaction ID: 2011M02L11BE00358

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Krystyna Szytkiel

Mailing Address 32340 Sylvan Lane

City

Beverly Hills

State

MI

Zip Code

48025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 0 4

Transaction ID: 2011M02L11BE00359

Amount of Each Receipt this Period

1000.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael Andrew Tabaka

Mailing Address 32150 5 Mile Road

City

Livonia

State

MI

Zip Code

48154-3126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
B & F Auto Supply

Occupation

Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00360

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard Tanner

Mailing Address 6090 Maple Road

City

Frankenmuth

State

MI

Zip Code

48734-9715

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: 2011M02L11BE00361

Amount of Each Receipt this Period

200.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. James A. Thompson

Mailing Address 2145 Buena Creek Road

City

Vista

State

CA

Zip Code

92084-7704

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 0 8

Transaction ID: 2011M02L11BE00362

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Pat D. Thompson

Mailing Address 112 Clifts Cove Blvd.

City

Madison

State

AL

Zip Code

35758

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 1 0

Transaction ID: 2011M02L11BE00363

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bruce J. Tifield

Mailing Address 22401 Hillside Avenue  
 Apartment 1F

City State Zip Code  
 Queens Villiage NY 11427

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Department Of Sanitation

Occupation  
 Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 3 / 2 0 1 0

**Transaction ID:** 2011M02L11BE00364

Amount of Each Receipt this Period

35.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bruce J. Tifield

Mailing Address 22401 Hillside Avenue  
 Apartment 1F

City State Zip Code  
 Queens Villiage NY 11427

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Department Of Sanitation

Occupation  
 Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 6 / 2 0 1 0

**Transaction ID:** 2011M02L11BE00365

Amount of Each Receipt this Period

45.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Paul G. Tittel

Mailing Address 3203 Dry Branch Road

City State Zip Code  
 White Hall MD 21161-9623

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 N/A

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 1 3 / 2 0 1 0

**Transaction ID:** 2011M02L11BE00366

Amount of Each Receipt this Period

60.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jimmy B. Turner

Mailing Address 1025 F.M. 2517

City

Carthage

State

TX

Zip Code

75633

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00367

Amount of Each Receipt this Period

40.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jimmy B. Turner

Mailing Address 1025 F.M. 2517

City

Carthage

State

TX

Zip Code

75633

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00368

Amount of Each Receipt this Period

20.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jimmy B. Turner

Mailing Address 1025 F.M. 2517

City

Carthage

State

TX

Zip Code

75633

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 0 / 2 0 1 0

Transaction ID: 2011M02L11BE00369

Amount of Each Receipt this Period

20.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Edmund Turner

Mailing Address 126 Chorale Grove Court

City State Zip Code  
**Conroe TX 77384**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Thermal Energy Corporation

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
**09 20 2010**

Transaction ID: 2011M02L11BE00370

Amount of Each Receipt this Period

127.25

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Antonio Uchoa

Mailing Address 204 E. Verdin Avenue

City State Zip Code  
**Mc Allen TX 78504**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Denise P. Uchoa Md. Pa.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
**12 20 2010**

Transaction ID: 2011M02L11BE00371

Amount of Each Receipt this Period

55.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. William B. Ulwelling

Mailing Address 2325 Shore Sands Court  
 Apartment 200

City State Zip Code  
**Virginia Beach VA 23451-7307**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Disabled

Occupation  
Disabled

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
**11 26 2010**

Transaction ID: 2011M02L11BE00372

Amount of Each Receipt this Period

20.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Leonard Urschel

Mailing Address 108 Coolidge Avenue

City

Queensbury

State

NY

Zip Code

12804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 6 / 2 0 1 0

Transaction ID: 2011M02L11BE00373

Amount of Each Receipt this Period

40.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Leonard Urschel

Mailing Address 108 Coolidge Avenue

City

Queensbury

State

NY

Zip Code

12804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00374

Amount of Each Receipt this Period

60.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard Uskievich

Mailing Address 13329 Foxden Drive

City

Rockville

State

MD

Zip Code

20850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00375

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Richard Uskievich

Mailing Address 13329 Foxden Drive

City State Zip Code  
 Rockville MD 20850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00376

Amount of Each Receipt this Period

60.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)  
 Mrs. Lieselotte Voelkers

Mailing Address 15631 Ballantyne Country Club Driv

City State Zip Code  
 Charlotte NC 28277-1406

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 1 0

Transaction ID: 2011M02L11BE00377

Amount of Each Receipt this Period

110.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Steve S. Vogel

Mailing Address 702 S.W. 201 Road

City State Zip Code  
 Deepwater MO 64740

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 9 / 2 0 1 0

Transaction ID: 2011M02L11BE00378

Amount of Each Receipt this Period

201.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Frederick E. Waibel

Mailing Address 32 Hickory Way

City

Mount Arlington

State

NJ

Zip Code

07856-1368

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Army

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00379

Amount of Each Receipt this Period

80.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard Wakefield

Mailing Address 147 Taos Street

City

Los Alamos

State

NM

Zip Code

87544-2637

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 2011M02L11BE00380

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Walker

Mailing Address 206 Rolland Pl

City

Mc Cormick

State

SC

Zip Code

29835-2431

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 1 0

Transaction ID: 2011M02L11BE00381

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Edward C. Wallace

Mailing Address P.O. Box 197

City State Zip Code  
**Midland TX 79702-0197**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
 Petroleum Landman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

**11 / 26 / 2010**

**Transaction ID: 2011M02L11BE00382**

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Gaylord Wallace

Mailing Address P.O. Box 304

City State Zip Code  
**Burwell NE 68823-0304**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
 Ranching

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

**10 / 27 / 2010**

**Transaction ID: 2011M02L11BE00383**

Amount of Each Receipt this Period

110.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)  
 Dr. Stephen F. Wallner

Mailing Address 1194 Red Lodge Drive #203

City State Zip Code  
**Evergreen CO 80439**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Veteran's Administration  
 Hospital

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

**11 / 29 / 2010**

**Transaction ID: 2011M02L11BE00384**

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Tedd Walters

Mailing Address 16620 Suttles Drive

City

Riverside

State

CA

Zip Code

92504

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kaiser Permanente

Occupation

Physical Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 1 0

Transaction ID: 2011M02L11BE00385

Amount of Each Receipt this Period

55.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth M. Waltrip

Mailing Address 3500 Overton View Court

City

Fort Worth

State

TX

Zip Code

76109-3100

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: 2011M02L11BE00386

Amount of Each Receipt this Period

1.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth M. Waltrip

Mailing Address 3500 Overton View Court

City

Fort Worth

State

TX

Zip Code

76109-3100

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: 2011M02L11BE00387

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Virgil Warden

Mailing Address 1554 Snowbird Lane

City

O. Fallon

State

MO

Zip Code

63366-3213

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 1 0

**Transaction ID:** 2011M02L11BE00388

Amount of Each Receipt this Period

55.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Beatrice Weinand

Mailing Address 904 4Th Avenue S.E.

City

Quincy

State

WA

Zip Code

98848-1547

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 0

**Transaction ID:** 2011M02L11BE00389

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Torben Weis

Mailing Address 49 Willowmere Circle

City

Riverside

State

CT

Zip Code

06878-2503

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Atlas Shipping Ltd.

Occupation  
Shipbroker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

**Transaction ID:** 2011M02L11BE00390

Amount of Each Receipt this Period

220.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Floyd Wharton

Mailing Address 901 Hester Street

City

Jonesboro

State

AR

Zip Code

72401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: 2011M02L11BE00391

Amount of Each Receipt this Period

200.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Ms. Evelyn Whitton

Mailing Address 3 Ronsanne Parkway

City

Asheville

State

NC

Zip Code

28804-2259

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 1 0

Transaction ID: 2011M02L11BE00392

Amount of Each Receipt this Period

1.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Kathleen Wick

Mailing Address 5 Granite Street

City

New London

State

CT

Zip Code

06320-5917

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

Transaction ID: 2011M02L11BE00393

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Christopher M. Wiedle

Mailing Address 667 N. County Road 294

City

Clyde

State

OH

Zip Code

43410-9725

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00394

Amount of Each Receipt this Period

110.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Duane L. Wilcox

Mailing Address 518 5Th Street N.E.

City

Devils Lake

State

ND

Zip Code

58301-2506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 1 0

Transaction ID: 2011M02L11BE00395

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Duane L. Wilcox

Mailing Address 518 5Th Street N.E.

City

Devils Lake

State

ND

Zip Code

58301-2506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 1 0

Transaction ID: 2011M02L11BE00396

Amount of Each Receipt this Period

65.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Mary I. Wilhelm

Mailing Address 3400 Wellington Court  
Unit 306

City State Zip Code  
Rolling Meadows IL 60008-1819

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

**Transaction ID:** 2011M02L11BE00397

Amount of Each Receipt this Period

35.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Mary I. Wilhelm

Mailing Address 3400 Wellington Court  
Unit 306

City State Zip Code  
Rolling Meadows IL 60008-1819

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 1 0

**Transaction ID:** 2011M02L11BE00398

Amount of Each Receipt this Period

10.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Lanita Williams

Mailing Address 6969 Fm 2494

City State Zip Code  
Athens TX 75751-8345

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Heaton Eye Associates

Occupation  
Medical Office Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 1 0

**Transaction ID:** 2011M02L11BE00399

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Lanita Williams

Mailing Address 6969 Fm 2494

City  
**Athens**

State  
**TX**

Zip Code  
**75751-8345**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Heaton Eye Associates

Occupation  
**Medical Office Manager**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 2 / 1 3 / 2 0 1 0**

**Transaction ID: 2011M02L11BE00400**

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Helen Williams

Mailing Address 138 South Street

City  
**Medfield**

State  
**MA**

Zip Code  
**02052**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
**Retired**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 6 / 0 5 / 2 0 0 9**

**Transaction ID: 2011M02L11BE00401**

Amount of Each Receipt this Period

220.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Helen Williams

Mailing Address 138 South Street

City  
**Medfield**

State  
**MA**

Zip Code  
**02052**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
**Retired**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 1 / 2 9 / 2 0 1 0**

**Transaction ID: 2011M02L11BE00402**

Amount of Each Receipt this Period

220.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. August J. Wines, Jr.

Mailing Address 2215 Laurel Drive

City

Point Pleasant Bea

State

NJ

Zip Code

08742

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 1 0

Transaction ID: 2011M02L11BE00403

Amount of Each Receipt this Period

200.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Ms. Alice Walker Wise

Mailing Address 6118 Fellowship Road

City

Basking Ridge

State

NJ

Zip Code

07920

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00404

Amount of Each Receipt this Period

110.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Eric J. Wishart

Mailing Address 20 Sarah Lane

City

Warwick

State

RI

Zip Code

02889-1647

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 2011M02L11BE00405

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Eric J. Wishart

Mailing Address 20 Sarah Lane

City

Warwick

State

RI

Zip Code

02889-1647

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 7 / 2 0 0 9

Transaction ID: 2011M02L11BE00406

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. Eric J. Wishart

Mailing Address 20 Sarah Lane

City

Warwick

State

RI

Zip Code

02889-1647

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 2 / 2 0 1 0

Transaction ID: 2011M02L11BE00407

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Eric J. Wishart

Mailing Address 20 Sarah Lane

City

Warwick

State

RI

Zip Code

02889-1647

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 1 0

Transaction ID: 2011M02L11BE00408

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. David F. Work

Mailing Address 510 S 375 W

City  
**Victor**

State  
**ID**

Zip Code  
**83455-5011**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 3 0 / 2 0 0 2**

**Transaction ID: 2011M02L11BE00409**

Amount of Each Receipt this Period

1000.00

**[MEMO ITEM]**

Best effort update of individual information

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. David F. Work

Mailing Address 510 S 375 W

City  
**Victor**

State  
**ID**

Zip Code  
**83455-5011**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**0 2 / 1 9 / 2 0 0 4**

**Transaction ID: 2011M02L11BE00410**

Amount of Each Receipt this Period

1000.00

**[MEMO ITEM]**

Best effort update of individual information

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert J. Young

Mailing Address 26 Chamberlain RD

City  
**Flemington**

State  
**NJ**

Zip Code  
**08822-7158**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Young & Perez

Occupation  
 Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 1 2 / 2 0 0 6**

**Transaction ID: 2011M02L11BE00411**

Amount of Each Receipt this Period

1000.00

**[MEMO ITEM]**

Best effort update of individual information

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Michael W. Abdalla

Mailing Address 4022 E. Rolling Green Lane

City

Orange

State

CA

Zip Code

92867-8014

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00001

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jack Accurso

Mailing Address 904 S.W. Trailridge Drive

City

Lees Summit

State

MO

Zip Code

64081-3317

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Food Service

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00002

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Rms. Renee Accurso

Mailing Address 2801 7Th Avenue Sw

City

Austin

State

MN

Zip Code

55912

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00003

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1025.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Ebby Halliday Acers

Mailing Address P.O. Box 12348

City

Dallas

State

TX

Zip Code

75208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ebby Halliday, Inc.Occupation  
Realtor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: 2011M02L11AI00004

Amount of Each Receipt this Period

310.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard Acree

Mailing Address 1223 Rosedale Street

City

Toccoa

State

GA

Zip Code

30577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: 2011M02L11AI00005

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. W. Richard Acree

Mailing Address P.O. Box 699

City

Toccoa

State

GA

Zip Code

30577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: 2011M02L11AI00006

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

5610.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 185 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gary R. Adams

Mailing Address 3420 W. MacArthur Blvd.  
Suite H.

City State Zip Code  
**Santa Ana CA 92704-6853**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Property Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 3 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00007**

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Jean Reed Adams

Mailing Address 1915 Eastover Drive

City State Zip Code  
**Jackson MS 39211**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 3 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00008**

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Pelham E. Adams

Mailing Address 8225 S. Bennett Drive

City State Zip Code  
**Columbia MO 65201-9549**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 0 5 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00009**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Ms. Sandra K. Adams

Mailing Address 10883 Meads Avenue

City	State	Zip Code
Orange	CA	92869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellbore Navigation, Inc.Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	1	/	2	0	1	1

Transaction ID: 2011M02L11AI00010

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William D. Adams

Mailing Address 287 Garfield Street

City	State	Zip Code
Denver	CO	80206-5518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ins. Agcy. Of Colo., Inc.Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	4	/	2	0	1	1

Transaction ID: 2011M02L11AI00011

Amount of Each Receipt this Period

280.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard Adee

Mailing Address P.O. Box 368

City	State	Zip Code
Bruce	SD	57220-0368

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Beekeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: 2011M02L11AI00012

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

830.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 187 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Paul L. Adent

Mailing Address 1583 S. Rio Verde Lane

City	State	Zip Code
Camp Verde	AZ	86322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	1

Transaction ID: 2011M02L11AI00013

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jerry C. Aikin

Mailing Address 2080 S. Pinnacle Drive

City	State	Zip Code
Saint George	UT	84790

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Skywest Airlines, Inc.Occupation  
Business Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: 2011M02L11AI00014

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Heino Ainso

Mailing Address 61 Highbrook Ave.

City	State	Zip Code
Pelham	NY	10803-1713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	1

Transaction ID: 2011M02L11AI00015

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

1800.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mathew J. Alagna, Jr.

Mailing Address 4924 S. Austin Avenue

City

Chicago

State

IL

Zip Code

60638-1412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00016

Amount of Each Receipt this Period

305.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard Alaniz

Mailing Address 2500 City West Blvd.  
Suite 1000

City

Houston

State

TX

Zip Code

77042-4020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00017

Amount of Each Receipt this Period

255.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Carl Alexander

Mailing Address 6039 Coral Ridge Road

City

Houston

State

TX

Zip Code

77069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00018

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

835.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Patrick J. Allen

Mailing Address 1400 Ashland Avenue

City

River Forest

State

IL

Zip Code

60305-1032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Mormon Group, Inc.Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	1

Transaction ID: 2011M02L11AI00019

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert F. Allen

Mailing Address 11228 N. Dogwood Lane

City

Woodway

State

WA

Zip Code

98020-6117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	1	1

Transaction ID: 2011M02L11AI00020

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Sharon Allen

Mailing Address 1600 3 Highway P.

City

Potosi

State

MO

Zip Code

63664

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	1

Transaction ID: 2011M02L11AI00021

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

775.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 190 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. David R Alley

Mailing Address 2354 S Harlan St

City

Lakewood

State

CO

Zip Code

80227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Peak Av DBA Ccs Presentat-  
ion S

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00022

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Travis A. Allison

Mailing Address 17280 County Road 136

City

Tyler

State

TX

Zip Code

75703-7712

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00023

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Frank Allocca

Mailing Address 92 Hampton House Road

City

Newton

State

NJ

Zip Code

07860

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Intercar Inc

Occupation  
Auto Dealer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00024

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1900.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 191 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Roger A. Altwater

Mailing Address 2920 Cass Avenue

City

Saint Louis

State

MO

Zip Code

63106-1530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Western Supplies CompanyOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: 2011M02L11AI00025

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Timothy E. Alvis

Mailing Address 450 Stone Ridge

City

Springville

State

AL

Zip Code

35146-5012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	1	/	2	0	1	1

Transaction ID: 2011M02L11AI00026

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Timothy E. Alvis

Mailing Address 450 Stone Ridge

City

Springville

State

AL

Zip Code

35146-5012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	1	1

Transaction ID: 2011M02L11AI00027

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional) .....

600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert C. Amstadt

Mailing Address 9725 Chamberley Circle

City

Orlando

State

FL

Zip Code

32836-5746

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00028

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Vicki E. Amundson

Mailing Address 842 N. 8Th Street

City

Black River Falls

State

WI

Zip Code

54615-9107

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00029

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Agnes V. Anderson

Mailing Address 890 Wixford Way

City

Sacramento

State

CA

Zip Code

95864-6139

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00030

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Andrew B. Anderson

Mailing Address 9664 N.W. 1St Place

City

Coral Springs

State

FL

Zip Code

33071-7327

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00031

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles R. Anderson

Mailing Address 10330 Blue Light Lane

City

Auburn

State

CA

Zip Code

95603-9437

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00032

Amount of Each Receipt this Period

310.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dana K. Anderson

Mailing Address 401 Wilshire Blvd.  
Suite 700

City

Santa Monica

State

CA

Zip Code

90401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Macerich Company

Occupation  
Real Estate Investment Trust

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00033

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

810.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 194 / 1391

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Dora C. Anderson

Mailing Address 44063 S. El Macero Drive

City

El Macero

State

CA

Zip Code

95618-1024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00034

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 310 FIRST STREET SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rnc

Occupation  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.93

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00035

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 310 FIRST STREET SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rnc

Occupation  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.93

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00036

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

510.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 310 FIRST STREET SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rnc

Occupation  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.93

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00037

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 310 FIRST STREET SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rnc

Occupation  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.93

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00038

Amount of Each Receipt this Period

71.93

**C.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 310 FIRST STREET SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rnc

Occupation  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.93

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI00039

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

86.93

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 310 FIRST STREET SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rnc

Occupation  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.93

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI00040

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 310 FIRST STREET SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rnc

Occupation  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.93

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI00041

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 310 FIRST STREET SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rnc

Occupation  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.93

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI00042

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

15.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 310 FIRST STREET SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rnc

Occupation  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.93

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00043

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 310 FIRST STREET SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rnc

Occupation  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.93

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00044

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 310 FIRST STREET SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rnc

Occupation  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.93

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00045

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

15.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 310 FIRST STREET SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rnc

Occupation  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.93

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00046

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 310 FIRST STREET SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rnc

Occupation  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.93

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00047

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 310 FIRST STREET SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rnc

Occupation  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.93

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00048

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

15.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 310 FIRST STREET SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rnc

Occupation  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.93

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00049

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 310 FIRST STREET SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rnc

Occupation  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.93

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00050

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 310 FIRST STREET SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rnc

Occupation  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.93

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00051

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

15.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 310 FIRST STREET SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rnc

Occupation  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.93

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00052

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 310 FIRST STREET SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rnc

Occupation  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.93

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00053

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 310 FIRST STREET SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rnc

Occupation  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.93

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00054

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

20.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 310 FIRST STREET SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rnc

Occupation  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.93

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00055

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 310 FIRST STREET SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rnc

Occupation  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.93

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00056

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 310 FIRST STREET SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rnc

Occupation  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.93

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00057

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

15.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 310 FIRST STREET SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rnc

Occupation  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.93

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00058

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 310 FIRST STREET SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rnc

Occupation  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.93

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00059

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Eric R. Anderson

Mailing Address 310 FIRST STREET SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rnc

Occupation  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.93

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00060

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

15.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Jill Anderson

Mailing Address 3221 Shellers Bnd.  
Unit 818

City State Zip Code  
State College PA 16801-3232

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00061

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William E. Anderson

Mailing Address P.O. Box 368

City State Zip Code  
Little Creek DE 19961-0368

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00062

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Nicholas Andryuk

Mailing Address 620 N. Houston Avenue

City State Zip Code  
Humble TX 77338

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Zimmermann & Jansen, Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00063

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

770.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Judith Angerman

Mailing Address 8631 W. 3Rd Street  
Suite 1115E

City State Zip Code  
**Los Angeles CA 90048**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 9 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00064**

Amount of Each Receipt this Period

1100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James Appelgate

Mailing Address 3637 S. Saginaw Street

City State Zip Code  
**Flint MI 48503**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Applegate Chevrolet

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 3 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00065**

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Eugene Applebaum

Mailing Address 39400 Woodward Avenue  
Suite 100

City State Zip Code  
**Bloomfield Hills MI 48304-5151**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Arbor Investments Group

Occupation  
President & C.E.O.N

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 4 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00066**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

**2350.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Linda L. Araujo-Wilson

Mailing Address 3194 Lime Street

City

Riverside

State

CA

Zip Code

92501-2929

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00067

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Linda L. Araujo-Wilson

Mailing Address 3194 Lime Street

City

Riverside

State

CA

Zip Code

92501-2929

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00068

Amount of Each Receipt this Period

180.00

**C.**

Full Name (Last, First, Middle Initial)

Frederick Arbusto Iii

Mailing Address 421 Bellevue Avenue

City

Newport

State

RI

Zip Code

02840

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Merrill Lynch

Occupation  
Financial Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.31

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI00069

Amount of Each Receipt this Period

225.31

**SUBTOTAL** of Receipts This Page (optional) .....

505.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Thomas G. Arnett

Mailing Address 717 Roach

City State Zip Code  
 Salina KS 67401-5126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Thomas G. Arnett, C.P.A.,  
 P.A.

Occupation  
 Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00070

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. John Ashby

Mailing Address 914 Holoma Drive

City State Zip Code  
 Vero Beach FL 32963-3405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00071

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Wayne Ashby

Mailing Address P.O. Box 1928

City State Zip Code  
 Pinehurst NC 28370-1928

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00072

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Wayne Ashby

Mailing Address P.O. Box 1928

City

Pinehurst

State

NC

Zip Code

28370-1928

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00073

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul C. Aspinwall

Mailing Address 14 Quail Ridge Drive

City

Madison

State

WI

Zip Code

53717-1071

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
I.B.M.

Occupation  
Process Architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00074

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Victor K. Atkins, Jr.

Mailing Address P.O. Box 50117

City

Santa Barbara

State

CA

Zip Code

93150-0117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00075

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2850.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 208 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. W. J. Atkins

Mailing Address 333 Texas Street  
Suite 2300City State Zip Code  
Shreveport LA 71101-3680FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Atco Investment CompanyOccupation  
Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	1	1

Transaction ID: 2011M02L11AI00076

Amount of Each Receipt this Period

655.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William Atwood

Mailing Address P.O. Box 930

City State Zip Code  
Kosciusko MS 39090-0930FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Attala SteelOccupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	8		2	0	1	1

Transaction ID: 2011M02L11AI00077

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Allen A. Avery

Mailing Address P.O. Box 200366

City State Zip Code  
Arlington TX 76006-5066FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Av-Tech Industries, Inc.Occupation  
President / Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	1

Transaction ID: 2011M02L11AI00078

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

4155.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert C. Ayotte

Mailing Address 4700 Indian Hills Green

City

Louisville

State

KY

Zip Code

40207-1849

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00079

Amount of Each Receipt this Period

295.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John F. Babbitt

Mailing Address 8000 S. Jamestown Avenue

City

Tulsa

State

OK

Zip Code

74136-8047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00080

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James Bacastow

Mailing Address 1322 Vanderbilt Road

City

Belair

State

MD

Zip Code

21014

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00081

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

5545.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Laura May Bacon

Mailing Address 855 25 Road

City

Grand Junction

State

CO

Zip Code

81505

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00082

Amount of Each Receipt this Period

570.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Mary F. Badger

Mailing Address 36393 Butternut Point Road

City

Pequot Lakes

State

MN

Zip Code

56472

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI00083

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Alven B. Bahl

Mailing Address 1019 Old Monrovia Rd NW #272

City

Huntsville

State

AL

Zip Code

35806

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00084

Amount of Each Receipt this Period

201.00

**SUBTOTAL** of Receipts This Page (optional) .....

1171.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Cindy Bailey

Mailing Address 119 Greencrest Lane

City

Prattville

State

AL

Zip Code

36067-1903

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00085

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James Allen Baird

Mailing Address 1600 Texas Street  
Apartment 2305

City

Fort Worth

State

TX

Zip Code

76102-3494

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00086

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James Allen Baird

Mailing Address 1600 Texas Street  
Apartment 2305

City

Fort Worth

State

TX

Zip Code

76102-3494

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00087

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Alice Baker

Mailing Address 3236 Minnesota Avenue

City

Costa Mesa

State

CA

Zip Code

92626-2213

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00088

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Doris E. Baker

Mailing Address 401 Kiwanis Avenue

City

Huron

State

OH

Zip Code

44839-1823

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00089

Amount of Each Receipt this Period

385.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Norman D. Baker, Jr.

Mailing Address 1164 Riverwind Circle

City

Vero Beach

State

FL

Zip Code

32967

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI00090

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1135.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Timothy C. Baker

Mailing Address 6527 N. Ewing Street

City State Zip Code  
**Indianapolis IN 46220**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Broadset Company, Inc.

Occupation  
 Real Estate Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 0 4 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00091**

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Donald E. Baldwin

Mailing Address 1108 Lavaca Street  
 Suite 110-122

City State Zip Code  
**Austin TX 78701-1796**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 3 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00092**

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert R. Baldwin

Mailing Address 403 Tarpon Avenue  
 Apartment 416

City State Zip Code  
**Fernandina Beach FL 32034-2168**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00093**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**900.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard A. Ball, Jr.

Mailing Address P.O. Box 2148

City

Montgomery

State

AL

Zip Code

36102-2148

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ball, Ball, Matthews L.  
Nojak

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00094

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William H. Baltrusch

Mailing Address 1705 Northern Heights Drive

City

Havre

State

MT

Zip Code

59501-6201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00095

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Todd B. Barbey

Mailing Address 201 County Road 246

City

Durango

State

CO

Zip Code

81301-8448

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Asset. Manager Horse Breeder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00096

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mary Jo Barhorst

Mailing Address 12548 Maple Grove Road

City State Zip Code  
**Minster OH 45865**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

**01 / 03 / 2011**

**Transaction ID: 2011M02L11AI00097**

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard S. Baright

Mailing Address P.O. Box 483

City State Zip Code  
**Tivoli NY 12583-0483**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**01 / 28 / 2011**

**Transaction ID: 2011M02L11AI00098**

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Isabella S. Barna

Mailing Address 32280 Lake Road

City State Zip Code  
**Avon Lake OH 44012-1810**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

**01 / 06 / 2011**

**Transaction ID: 2011M02L11AI00099**

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

**830.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Isabella S. Barna

Mailing Address 32280 Lake Road

City

Avon Lake

State

OH

Zip Code

44012-1810

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00100

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Edward K. Barnard

Mailing Address 1 St. Louis Street  
Apartment 203

City

Dewey Beach

State

DE

Zip Code

19971-2348

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00101

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William James Barnett, Jr.

Mailing Address 740 Four Mile Road

City

Cuba

State

MO

Zip Code

65453-9364

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Peoples Bank

Occupation  
Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00102

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William T. Barnett

Mailing Address 2813 Market Bridge Lane  
Unit 302

City State Zip Code  
Raleigh NC 27608-1391

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Barnett Properties, L.L.C.

Occupation  
Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

**Transaction ID:** 2011M02L11AI00103

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Maria Barnette

Mailing Address 2181 Ahaku Place

City State Zip Code  
Honolulu HI 96821-1012

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bogart's Cafe

Occupation  
Chef

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

**Transaction ID:** 2011M02L11AI00104

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Martha Barnhardt

Mailing Address P.O. Box 188

City State Zip Code  
Bucklin KS 67834-0188

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

**Transaction ID:** 2011M02L11AI00105

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

5550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Nancy Barnhart

Mailing Address 7370 Walsh Road

City

Millington

State

TN

Zip Code

38053

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00106

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joshua Barnhill

Mailing Address 1416 Parkview Circle, #205

City

Wilmington

State

NC

Zip Code

28405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00107

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. S. Hatch Barrett

Mailing Address 3396 S. Gekeler Lane  
Apartment N101

City

Boise

State

ID

Zip Code

83706-5287

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Trebar, Inc.

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI00108

Amount of Each Receipt this Period

550.00

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. John H. Barrette

Mailing Address 930 25Th Place

City State Zip Code  
**Wisconsin Rapids WI 54494-3199**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 8 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00109**

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)  
 Ms. Jasie S. Barringer

Mailing Address 531 Chapala Street #C

City State Zip Code  
**Santa Barbara CA 93101**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 R.H. Barringer Distributi-  
 on Company

Occupation  
 Chairman Board

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00110**

Amount of Each Receipt this Period

550.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. James Bartels

Mailing Address 3201 Tam O' Shanter Drive

City State Zip Code  
**Hays KS 67601-1833**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 4 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00111**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

**1770.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 220 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Vern M. Bartram

Mailing Address 3350 Keefer Road

City

Chico

State

CA

Zip Code

95973-8918

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

**Transaction ID:** 2011M02L11AI00112

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Mary L. Barttelbort

Mailing Address 3773 Mascoutah Avenue

City

Belleville

State

IL

Zip Code

62221-7305

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Barttelbort Furniture Co.

Occupation  
Self - Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

**Transaction ID:** 2011M02L11AI00113

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bob Bassari

Mailing Address 400 E. Randolph Street  
Suite 3225

City

Chicago

State

IL

Zip Code

60601-5060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Investment Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

**Transaction ID:** 2011M02L11AI00114

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

720.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 221 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bob Bassari

Mailing Address 400 E. Randolph Street  
Suite 3225

City State Zip Code  
Chicago IL 60601-5060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Investment Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00115

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Susan E. Bate

Mailing Address 20 Trenton Avenue

City State Zip Code  
Ewing NJ 08628-2938

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bloomberg L.P.

Occupation  
Research Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00116

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Sybil G. Bateman

Mailing Address 6831 Dairy Hill Court

City State Zip Code  
West Jordan UT 84084

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI00117

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

720.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 222 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Warren F. Bateman

Mailing Address P.O. Box 55-7395

City State Zip Code  
**Miami FL 33255**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

**01 / 12 / 2011**

**Transaction ID: 2011M02L11AI00118**

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Warren F. Bateman

Mailing Address P.O. Box 55-7395

City State Zip Code  
**Miami FL 33255**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

**01 / 28 / 2011**

**Transaction ID: 2011M02L11AI00119**

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Melvin L. Battles, III

Mailing Address 33 Eagle Creek Drive

City State Zip Code  
**Norwalk OH 44857-8850**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**01 / 10 / 2011**

**Transaction ID: 2011M02L11AI00120**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**650.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Avelyn B. Baubie

Mailing Address 27115 Hemingway Ct.

City State Zip Code  
**Menifee CA 92584**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 0 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00121**

Amount of Each Receipt this Period

210.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Robert Bauman

Mailing Address 4763 Old Leeds Road

City State Zip Code  
**Birmingham AL 35213**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 9 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00122**

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert A. Baumann

Mailing Address 930 N.E. Alden Street

City State Zip Code  
**College Place WA 99324-2014**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 3 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00123**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**680.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mrs. Carol Baxley

Mailing Address 1207 Frisbie Road

City

Ruskin

State

FL

Zip Code

33570-2848

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
E.S.I. GroupOccupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	1	/	2	0	1	1

Transaction ID: 2011M02L11AI00124

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Otis L. Beaty

Mailing Address P.O. Box 4496

City

Santa Fe

State

NM

Zip Code

87502-4496

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	1	1

Transaction ID: 2011M02L11AI00125

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Peggy J. Becker

Mailing Address 3009 Northshore Loop S.E.

City

Mandan

State

ND

Zip Code

58554-4751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Sanitation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: 2011M02L11AI00126

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional) .....

1220.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William Kale Bedinghaus

Mailing Address 1134 W. McCulloch Blvd. N.

City State Zip Code  
**Pueblo CO 81007**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**01 / 25 / 2011**

**Transaction ID: 2011M02L11AI00127**

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ricardo A. Bedoya

Mailing Address 817 Floret Drive

City State Zip Code  
**Palm Beach Gardens FL 33410**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self - Md-Cardiologist

Occupation  
Medical Doctor-Cardiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**01 / 20 / 2011**

**Transaction ID: 2011M02L11AI00128**

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. D. Beecham

Mailing Address 5738 Applebutter Hill Road

City State Zip Code  
**Coopersburg PA 18036-9537**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**01 / 13 / 2011**

**Transaction ID: 2011M02L11AI00129**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**1250.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Leland E. Behnken

Mailing Address 4 Ottawa Trail

City

Galesburg

State

IL

Zip Code

61401-5546

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00130

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael Beidleman

Mailing Address 19617 Marine View Drive S.W.

City

Normandy Park

State

WA

Zip Code

98166

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Honolulu Freight

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00131

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Scott Beightol

Mailing Address 310 East Birch Avenue

City

Whitefish Bay

State

WI

Zip Code

53217

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Michael Best & Friedrich,  
Llp

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00132

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Boris Beljak, Jr.

Mailing Address 1525 Orlando Road

City

Pasadena

State

CA

Zip Code

91106-4129

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00133

Amount of Each Receipt this Period

205.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Brian W. Belknap

Mailing Address 1115 E. Ole Maverick Road

City

Cheyenne

State

WY

Zip Code

82009-1250

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Barista - Star Bucks

Occupation  
Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00134

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James D. Bell

Mailing Address 3900 W. Lemont Blvd.

City

Mequon

State

WI

Zip Code

53092-5226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Robert W. Bairs & Company,  
Inc.

Occupation  
Investment Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00135

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1455.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Jocelyn K. Bell

Mailing Address 14420 Sugarland Lane

City

Poolesville

State

MD

Zip Code

20837-8900

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bell Builders, Inc.

Occupation

Office Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00136

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Phillip B. Bell

Mailing Address 9290 E. Thompson Peak Parkway  
Unit 213

City

Scottsdale

State

AZ

Zip Code

85255-4510

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
P. B. Bell & Associates

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00137

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Geraldine Belleville

Mailing Address 12 Crest Road East

City

Rolling Hills

State

CA

Zip Code

90274-5265

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00138

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 229 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Terry Bengard

Mailing Address 9550 Old Stage Road

City

Salinas

State

CA

Zip Code

93908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	1

Transaction ID: 2011M02L11AI00139

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ronald P. Bennett

Mailing Address 280 Parkdale Avenue

City

East Aurora

State

NY

Zip Code

14052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bennett, Di Flippo & Kont-  
zhalts, L.L.P.Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	1	1

Transaction ID: 2011M02L11AI00140

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. G Maurice Benoit, Jr

Mailing Address 5816 Moors Oaks Dr

City

Milton

State

FL

Zip Code

32583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
G Maurice Benoit Jr Md PaOccupation  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	1

Transaction ID: 2011M02L11AI00141

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

800.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 230 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Donald E. Bently

Mailing Address 1711 Orbit Way

City State Zip Code  
**Minden NV 89423**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

**01 / 18 / 2011**

**Transaction ID: 2011M02L11AI00142**

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles F. Benzing

Mailing Address 7558 Fairlinks Court

City State Zip Code  
**Sarasota FL 34243-3830**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
J. & B. Welding, Inc.

Occupation  
Chairman / Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**01 / 12 / 2011**

**Transaction ID: 2011M02L11AI00143**

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kristian Berg

Mailing Address 2628 N.W. 202Nd Place

City State Zip Code  
**Shoreline WA 98177**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

**01 / 04 / 2011**

**Transaction ID: 2011M02L11AI00144**

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

**760.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 231 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kristian Berg

Mailing Address 2628 N.W. 202Nd Place

City

Shoreline

State

WA

Zip Code

98177

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00145

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Alan E. Berlin

Mailing Address P.O. Box 5588

City

Beverly Hills

State

CA

Zip Code

90209-5588

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Jules Berlin Agency

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00146

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Sandra R. Berman

Mailing Address 5775 Vintage Oaks Circle

City

Delray Beach

State

FL

Zip Code

33484-6423

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00147

Amount of Each Receipt this Period

260.00

**SUBTOTAL** of Receipts This Page (optional) .....

660.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 232 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Miriam G. Bernstein

Mailing Address 532 Craig Lane

City

Villanova

State

PA

Zip Code

19085-1902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00148

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William J. Berry

Mailing Address 12001 Peach Drive

City

Pampa

State

TX

Zip Code

79065-1117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00149

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John D. Bertling

Mailing Address 7119 Kindred Street

City

Houston

State

TX

Zip Code

77049-3455

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00150

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 233 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael M. Berzowski

Mailing Address 700 N. Water Street  
Apartment 1550City State Zip Code  
Milwaukee WI 53202-4206FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	4	/	2	0	1	1

Transaction ID: 2011M02L11AI00151

Amount of Each Receipt this Period

275.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. William G. Beshears

Mailing Address 545 Decatur Road

City State Zip Code  
Mc Donough GA 30253FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	1	/	2	0	1	1

Transaction ID: 2011M02L11AI00152

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Laurence A. Bettcher

Mailing Address 415 Newport Drive

City State Zip Code  
Huron OH 44839-1934FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bettchen Industries, Inc.Occupation  
President/C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: 2011M02L11AI00153

Amount of Each Receipt this Period

330.00

SUBTOTAL of Receipts This Page (optional) .....

825.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 234 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. La Fawn Biddle

Mailing Address P.O. Box 101780

City

Denver

State

CO

Zip Code

80250-1780

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00154

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Phyllis Biddle

Mailing Address 1231 Tenby Court

City

Lower Gwynedd

State

PA

Zip Code

19002-2543

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00155

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Phyllis Biddle

Mailing Address 1231 Tenby Court

City

Lower Gwynedd

State

PA

Zip Code

19002-2543

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00156

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 235 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. B. Bradford Billings

Mailing Address 722 Eagle Trace

City  
**Quincy**

State  
**IL**

Zip Code  
**62305**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Blessing Corporate Services, Inc.

Occupation  
**Health Care Management**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**305.00**

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 8 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00157**

Amount of Each Receipt this Period

**305.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. Luther E. Birdzell

Mailing Address 1170 Sacramento Street  
 Apartment 7A

City

**San Francisco**

State

**CA**

Zip Code

**94108-1966**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Deloitte and Touche LLP

Occupation  
**Certified Public Accountant**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 3 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00158**

Amount of Each Receipt this Period

**1000.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. George C. Bitting

Mailing Address 335 Seaspray Avenue

City

**Palm Beach**

State

**FL**

Zip Code

**33480-4230**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
**Executive**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 5 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00159**

Amount of Each Receipt this Period

**250.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**1555.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 236 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Christopher K. Black

Mailing Address 2021 Crown Dr.

City

Saint Augustine

State

FL

Zip Code

32092-3606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sunoptic Technologies

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00160

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Doris Blackard

Mailing Address 6738 Pleasant Hill Road

City

Snyder

State

TX

Zip Code

79549

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00161

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Roger Blackwelder

Mailing Address P.O. Box 487

City

Rotan

State

TX

Zip Code

79546-0487

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00162

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

915.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. George M. Blair

Mailing Address P.O. Box 13

City

**Sewickley**

State

**PA**

Zip Code

**15143-0013**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**01 / 31 / 2011**

**Transaction ID: 2011M02L11AI00163**

Amount of Each Receipt this Period

**400.00**

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Patricia H. Blake

Mailing Address 85 S. Beach Road

City

**Hobe Sound**

State

**FL**

Zip Code

**33455-2336**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**01 / 10 / 2011**

**Transaction ID: 2011M02L11AI00164**

Amount of Each Receipt this Period

**240.00**

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Stacey Blake

Mailing Address 99 Faltin Dr

City

**Manchester**

State

**NH**

Zip Code

**03103-5755**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**600.00**

Date of Receipt

**01 / 18 / 2011**

**Transaction ID: 2011M02L11AI00165**

Amount of Each Receipt this Period

**600.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**1240.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 238 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Dr. John Blakemore

Mailing Address 2085 Lands End Lane

City

Westlake

State

OH

Zip Code

44145-6801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	1

Transaction ID: 2011M02L11AI00166

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William H. Bland

Mailing Address 17943 Highlands Ranch Place

City

Poway

State

CA

Zip Code

92064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Drivertech L.L.C.

Occupation

Sales Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	1

Transaction ID: 2011M02L11AI00167

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Marvin Blecker

Mailing Address 12824 Silver Acacia Place

City

San Diego

State

CA

Zip Code

92130-4899

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Qualcomm Incorporated

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: 2011M02L11AI00168

Amount of Each Receipt this Period

2300.00

SUBTOTAL of Receipts This Page (optional) .....

2800.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 239 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Edward J. Bleiler

Mailing Address 28 Isaac Lucas Circle

City

Dover

State

NH

Zip Code

03820-4910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	1	1

Transaction ID: 2011M02L11AI00169

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William R. Blinn, Jr.

Mailing Address 612 Farfield Street

City

Springfield

State

IL

Zip Code

62702-2655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State Of I. L.Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	1

Transaction ID: 2011M02L11AI00170

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William R. Blinn, Jr.

Mailing Address 612 Farfield Street

City

Springfield

State

IL

Zip Code

62702-2655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State Of I. L.Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	1	1

Transaction ID: 2011M02L11AI00171

Amount of Each Receipt this Period

101.80

SUBTOTAL of Receipts This Page (optional) .....

701.80

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 240 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Kathryn Blitt

Mailing Address 656 A. Avenue

City

Coronado

State

CA

Zip Code

92118

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00172

Amount of Each Receipt this Period

205.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Donald Blockhus

Mailing Address 1370 Harwalt Drive

City

Los Altos

State

CA

Zip Code

94024-5815

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00173

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. H. Allan Bloomer

Mailing Address 2944 County Road

City

Salt Lake City

State

UT

Zip Code

84121-1552

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00174

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

955.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 241 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. John C. Bobick

Mailing Address 2603 Ross Road

City

Palo Alto

State

CA

Zip Code

94303-3640

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self-Employed

Occupation

Systems Analyst

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	1	1

Transaction ID: 2011M02L11AI00175

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David L. Bodenhamer

Mailing Address 610 Widgeon Lane N.W.

City

Atlanta

State

GA

Zip Code

30327-4757

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	1

Transaction ID: 2011M02L11AI00176

Amount of Each Receipt this Period

245.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Herman Boere, Jr.

Mailing Address 30490 Briggs Road

City

Menifee

State

CA

Zip Code

92584-9594

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	1	1

Transaction ID: 2011M02L11AI00177

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

995.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 242 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Wayne E. Boese

Mailing Address 3616 Springsberry Place

City State Zip Code  
 Richmond VA 23233-1834

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00178

Amount of Each Receipt this Period

120.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Wayne E. Boese

Mailing Address 3616 Springsberry Place

City State Zip Code  
 Richmond VA 23233-1834

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00179

Amount of Each Receipt this Period

120.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Judy J. Bogestad

Mailing Address P.O. Box 174

City State Zip Code  
 Karlstad MN 56732-0174

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Jb Farms

Occupation  
Agriculture

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00180

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

440.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 243 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mrs. Judy J. Bogestad

Mailing Address P.O. Box 174

City

Karlstad

State

MN

Zip Code

56732-0174

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Jb FarmsOccupation  
Agriculture

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	1	1

Transaction ID: 2011M02L11AI00181

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Lucille C. Bohner

Mailing Address 711 Sunset Street

City

Burkburnett

State

TX

Zip Code

76354-2772

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	3	/	2	0	1	1

Transaction ID: 2011M02L11AI00182

Amount of Each Receipt this Period

330.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Annette L. Boice

Mailing Address 5548 N. Citation Road

City

Ottawa Hills

State

OH

Zip Code

43615

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
NoneOccupation  
None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: 2011M02L11AI00183

Amount of Each Receipt this Period

405.00

SUBTOTAL of Receipts This Page (optional) .....

785.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 244 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Kris Boike

Mailing Address 9967 White Pine Court

City

Clarkston

State

MI

Zip Code

48348

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Anesthetist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00184

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Martha Boling

Mailing Address 4 Gaujard Court

City

Greer

State

SC

Zip Code

29650

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00185

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dale Bolton

Mailing Address 3803 40Th Avenue N.E.

City

Seattle

State

WA

Zip Code

98105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00186

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 245 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Leo Bonner

Mailing Address P.O. Box 214287

City

Auburn Hills

State

MI

Zip Code

48321

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00187

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Shirley H. Bonner

Mailing Address 403 Denniston Avenue

City

Pittsburgh

State

PA

Zip Code

15206-4411

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00188

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Stephen B. Bonner

Mailing Address 1847 N. Dayton Street

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cancer Treatment Centers  
Of America

Occupation  
President & C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00189

Amount of Each Receipt this Period

10000.00

**SUBTOTAL** of Receipts This Page (optional) .....

10500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 246 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Claude H. Booker, Jr.

Mailing Address P.O. Box 30172

City

Sea Island

State

GA

Zip Code

31561-0172

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00190

Amount of Each Receipt this Period

340.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard Boren

Mailing Address 505 S. W. 25Th Place

City

El Reno

State

OK

Zip Code

73036-5863

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00191

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David J. Borgen

Mailing Address 1325 Old Lantern Trail

City

Fort Wayne

State

IN

Zip Code

46845-1446

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Manpower Of Lansing, Mi.,  
Inc.

Occupation  
Management/Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00192

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 247 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Steven C. Bost

Mailing Address 4410 Deepwood Drive

City

Charlotte

State

NC

Zip Code

28226-7216

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00193

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Sidney Allen Bostic

Mailing Address 38455 N. 94Th Way

City

Scottsdale

State

AZ

Zip Code

85262-2527

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00194

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Martin Boublik

Mailing Address 614 Cliffgate Lane

City

Castle Rock

State

CO

Zip Code

80108

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00195

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 248 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Edward Boudreau

Mailing Address P.O. Box 350

City State Zip Code  
**Winchester MA 01890**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
 Ceo (Retired)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 7 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00196**

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mrs. Terry Bouslough

Mailing Address P.O. Box 168

City State Zip Code  
**Kilmarnock VA 22482**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 8 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00197**

Amount of Each Receipt this Period

255.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Otis H. Bowden, II

Mailing Address 428 Beachside Place

City State Zip Code  
**Amelia Island FL 32034-6544**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 0 3 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00198**

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

**1030.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Marvin D. Bower

Mailing Address 8650 E. Staghorn Lane

City

Scottsdale

State

AZ

Zip Code

85266-1057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00199

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. A. Blaine Bowman

Mailing Address 14545 Carnelian Circle

City

Saratoga

State

CA

Zip Code

95070-5966

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00200

Amount of Each Receipt this Period

510.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. George Bowman

Mailing Address 1200 Ridgeline Drive

City

Boyer City

State

MI

Zip Code

49712-8729

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00201

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1060.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert D. Brace

Mailing Address 9 Jackson Pond

City

Dedham

State

MA

Zip Code

02026-5524

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00202

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Judy Bracken

Mailing Address 5150 Plantation Drive

City

Indianapolis

State

IN

Zip Code

46250-1641

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00203

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Tom Bradbury

Mailing Address 310 W. Front Street

City

Byers

State

CO

Zip Code

80103

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Rancher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00204

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

1325.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John G. Branz

Mailing Address 198 Jeanette Street  
P.O. Box 575

City State Zip Code  
Herscher IL 60941-0575

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

**Transaction ID:** 2011M02L11AI00205

Amount of Each Receipt this Period

230.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Hans Brasseler

Mailing Address 1152 Tangerine Way

City State Zip Code  
Sunnyvale CA 94087-2434

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Msci, Inc.

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

**Transaction ID:** 2011M02L11AI00206

Amount of Each Receipt this Period

240.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. George A. Braun

Mailing Address 122 Esparta Way

City State Zip Code  
Santa Monica CA 90402-2136

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

**Transaction ID:** 2011M02L11AI00207

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1470.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gustav J. Braun, Jr.

Mailing Address 3104 Little Creek Lane

City

Alexandria

State

VA

Zip Code

22309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00208

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gustav J. Braun, Jr.

Mailing Address 3104 Little Creek Lane

City

Alexandria

State

VA

Zip Code

22309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00209

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gustav J. Braun, Jr.

Mailing Address 3104 Little Creek Lane

City

Alexandria

State

VA

Zip Code

22309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00210

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. W. T. Braun, III

Mailing Address 8519 Shannon Way

City

Wichita

State

KS

Zip Code

67206-1823

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00211

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ward BreauX

Mailing Address P.O. Box 888

City

Loreauville

State

LA

Zip Code

70552-0888

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BreauX Brothers Enterpris-  
es

Occupation  
Ship Builder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00212

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Phyllis M. Bredice

Mailing Address 3005 S. Leisure World Blvd.  
Apartment 507

City

Silver Spring

State

MD

Zip Code

20906-8334

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI00213

Amount of Each Receipt this Period

450.00

**SUBTOTAL** of Receipts This Page (optional) .....

1700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Barry Bremer

Mailing Address 6015 Saxony Rd

City

Edina

State

MN

Zip Code

55436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hays Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00214

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bernard Brennan Jr

Mailing Address 22151 NE 151 Lane

City

Salt Springs

State

FL

Zip Code

32134

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation

Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00215

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Ruth B. Brenninkmeyer

Mailing Address 907 Newbury Neck Road  
P.O. Box 152

City

Surry

State

ME

Zip Code

04684-0152

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00216

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Ruth B. Brenninkmeyer

Mailing Address 907 Newbury Neck Road  
 P.O. Box 152

City State Zip Code  
 Surry ME 04684-0152

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00217

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Rosemary E. Brice

Mailing Address 6231 N. Monte Bella Road  
 Apartment 446

City State Zip Code  
 Tucson AZ 85704

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00218

Amount of Each Receipt this Period

80.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Rosemary E. Brice

Mailing Address 6231 N. Monte Bella Road  
 Apartment 446

City State Zip Code  
 Tucson AZ 85704

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00219

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

480.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William Brickley

Mailing Address 60 Barstow Avenue

City

Norwell

State

MA

Zip Code

02061-2832

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fidelity Investments

Occupation

Financial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00220

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William Brickley

Mailing Address 60 Barstow Avenue

City

Norwell

State

MA

Zip Code

02061-2832

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fidelity Investments

Occupation

Financial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00221

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Pete Brien

Mailing Address 11110 Hummingbird Lane

City

Hearne

State

TX

Zip Code

77859-3786

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation

Water Well Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI00222

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles Briles

Mailing Address 1620 Ekin Avenue

City

New Albany

State

IN

Zip Code

47150-3129

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
A-Sonic Guard, Inc.

Occupation  
Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00223

Amount of Each Receipt this Period

265.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard Briles

Mailing Address 7 Marguerite Drive

City

Rancho Palos Verde

State

CA

Zip Code

90275-4476

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
P.B. Fasteners

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI00224

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jay A. Brink

Mailing Address 255 Texas Street  
Apartment D366

City

Rapid City

State

SD

Zip Code

57701-7364

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00225

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

3065.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert Brkich

Mailing Address 1508 S. Mayflower Avenue

City State Zip Code  
**Monrovia CA 91016**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Brkich Construction

Occupation  
General Contracotr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**01 / 27 / 2011**

**Transaction ID: 2011M02L11AI00226**

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John B. Brock, III

Mailing Address 5603 Indian Circle

City State Zip Code  
**Houston TX 77056-1006**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

**01 / 12 / 2011**

**Transaction ID: 2011M02L11AI00227**

Amount of Each Receipt this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John F. Brock

Mailing Address 2500 Windy Roidge Parkway S.E.

City State Zip Code  
**Atlanta GA 30339**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coca-Cola Enterprises

Occupation  
Chairman & C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

**01 / 11 / 2011**

**Transaction ID: 2011M02L11AI00228**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

**2750.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 259 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. John F. Brock

Mailing Address 2500 Windy Roidge Parkway S.E.

City	State	Zip Code
Atlanta	GA	30339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coca-Cola EnterprisesOccupation  
Chairman & C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	1	1

Transaction ID: 2011M02L11AI00229

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert E. Brockie

Mailing Address 7529 Maplecrest Drive

City	State	Zip Code
Dallas	TX	75254-2814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heart Consultants Of North  
TexasOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	1

Transaction ID: 2011M02L11AI00230

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert E. Brockie

Mailing Address 7529 Maplecrest Drive

City	State	Zip Code
Dallas	TX	75254-2814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heart Consultants Of North  
TexasOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	1	1

Transaction ID: 2011M02L11AI00231

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2100.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John D. Broderick

Mailing Address 10240 Sutton Place

City

Munster

State

IN

Zip Code

46321-2874

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Chicago Mercantile Exchan-  
ge Gr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
Management

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00232

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Wilber Brotherton, III

Mailing Address 718 S. Gaylord Place  
P.O. Box 1136

City

Moses Lake

State

WA

Zip Code

98837-3002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
Seedsman

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00233

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Hon. Marcus A. Broussard

Mailing Address P.O. Box 7

City

Abbeville

State

LA

Zip Code

70511

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
Retired

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00234

Amount of Each Receipt this Period

1010.00

**SUBTOTAL** of Receipts This Page (optional) .....

1710.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Barbara Brown

Mailing Address P.O. Box 1098

City

Prairie Grove

State

AR

Zip Code

72753-1098

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00235

Amount of Each Receipt this Period

275.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. George R. Brown

Mailing Address 4431 Plumage Court

City

Bonita Springs

State

FL

Zip Code

34134-8755

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00236

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gerald Brown

Mailing Address 751 W. Lee Blvd.

City

Prescott

State

AZ

Zip Code

86303-2181

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baker Tilly Virchow Kraus-  
e. LI

Occupation  
C.P.A.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00237

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

995.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James Ace Brown

Mailing Address 728 Ravenel Road

City

Augusta

State

GA

Zip Code

30909

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00238

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jimmy L. Brown

Mailing Address 8002 Cameron Road

City

Richmond

State

VA

Zip Code

23229-8402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00239

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joseph P. Brown

Mailing Address 15 Pinecrest Road

City

Thousand Oaks

State

CA

Zip Code

91361-1147

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00240

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

770.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael Brown

Mailing Address 987 Back Road

City

Shapleigh

State

ME

Zip Code

04076-4247

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00241

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Norma R. Brown

Mailing Address 660 Marbury Lane

City

Longboat Key

State

FL

Zip Code

34228-1431

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00242

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert B. Brown

Mailing Address P.O. Box 40277

City

Houston

State

TX

Zip Code

77240-0277

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00243

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional) .....

1125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Frederick M. Browning

Mailing Address 22 Birchall Drive

City

Scarsdale

State

NY

Zip Code

10583-4502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00244

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Broyhill

Mailing Address P.O. Box 926

City

Lenoir

State

NC

Zip Code

28645-0926

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00245

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Harry M. Bryant, Sr.

Mailing Address P.O. Box 940

City

Lowell

State

NC

Zip Code

28098

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bryant Companies

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00246

Amount of Each Receipt this Period

205.00

**SUBTOTAL** of Receipts This Page (optional) .....

705.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Harry J. Buckel

Mailing Address 211 Woodbine Avenue

City

Northport

State

NY

Zip Code

11768-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00247

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles David Buckley

Mailing Address 4077 Tarte Road

City

Blaine

State

WA

Zip Code

98230-9731

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
S.I.U.

Occupation  
Merchant Marine

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00248

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John D. Buhl, Sr.

Mailing Address 1304 Severn Way  
Apartment F.

City

Sterling

State

VA

Zip Code

20166-8916

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Buhl Electric Company, In-  
c.

Occupation  
Electrical Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00249

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John David Buhl

Mailing Address 2092 Kedgie Drive

City

Clennnda

State

VA

Zip Code

22181-3210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Buhl Elect Co. Inc.

Occupation  
Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00250

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Linda Bunkers

Mailing Address 24679 467Th Avenue

City

Dell Rapids

State

SD

Zip Code

57022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00251

Amount of Each Receipt this Period

210.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Ann Bunn

Mailing Address 3165 Pine Ridge Road

City

Birmingham

State

AL

Zip Code

35213-3950

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00252

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

860.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Barbara Bunting

Mailing Address 1661 Pine Street  
 Apartment 1144

City State Zip Code  
**San Francisco CA 94109-0427**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 0 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00253**

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Mary Margaret Buol

Mailing Address 1008 Dunvegan Road

City State Zip Code  
**West Chester PA 19382-7102**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 4 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00254**

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David M. Burckel

Mailing Address 67 Dover Trace

City State Zip Code  
**Hattiesburg MS 39401**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Southern Development Resources

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 9 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00255**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

**1800.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 268 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Duncan C. Burdick

Mailing Address 12950 Bridle Bit Road

City

Colorado Springs

State

CO

Zip Code

80908-3233

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Colorado Springs Radiolog-  
ists

Occupation  
Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00256

Amount of Each Receipt this Period

180.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Duncan C. Burdick

Mailing Address 12950 Bridle Bit Road

City

Colorado Springs

State

CO

Zip Code

80908-3233

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Colorado Springs Radiolog-  
ists

Occupation  
Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00257

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Mary Burger

Mailing Address 10546 Green Oaks Lane

City

Redding

State

CA

Zip Code

96003-9287

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Rancher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00258

Amount of Each Receipt this Period

550.00

**SUBTOTAL** of Receipts This Page (optional) .....

780.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 269 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Betty Burghduff

Mailing Address 1918 Redway Lane

City State Zip Code  
**Houston TX 77062**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Clear Lake United Metho-  
 dist Church

Occupation  
 Librarian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

**01 / 11 / 2011**

**Transaction ID: 2011M02L11AI00259**

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles Burgin

Mailing Address 2727 Lynda Lane

City State Zip Code  
**Columbus GA 31906-1248**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**01 / 18 / 2011**

**Transaction ID: 2011M02L11AI00260**

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Arthur J. Burke

Mailing Address 450 Lexington Avenue

City State Zip Code  
**New York NY 10017-3911**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Davis Polk & Wardwell

Occupation  
 Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**01 / 10 / 2011**

**Transaction ID: 2011M02L11AI00261**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

**1470.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 270 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. John F. Burkel

Mailing Address 8729 Cypress Club Drive

City

Raleigh

State

NC

Zip Code

27615-2120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: 2011M02L11AI00262

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Eugene Burkemper

Mailing Address 24259 Lawson Hill Lane

City

Brashear

State

MO

Zip Code

63533-2522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: 2011M02L11AI00263

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Steve Bursen

Mailing Address P.O. Box 2479

City

Midland

State

TX

Zip Code

79702-2479

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Geologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	1

Transaction ID: 2011M02L11AI00264

Amount of Each Receipt this Period

2200.00

SUBTOTAL of Receipts This Page (optional) .....

3450.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 271 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Louis C. Burmeister

Mailing Address 2604 Stratford Road

City

Lawrence

State

KS

Zip Code

66049

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00265

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard B. Burnham

Mailing Address 7701 N. Moonlight Lane

City

Paradise Valley

State

AZ

Zip Code

85253-2936

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00266

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Vincent B Burometto

Mailing Address 101 S Pearl St Apt E2F

City

Albany

State

NY

Zip Code

12207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Office Wk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00267

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

2950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 272 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Vincent B Burometto

Mailing Address 101 S Pearl St Apt E2F

City State Zip Code  
Albany NY 12207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Office Wk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00268

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. C. Oliver Burt

Mailing Address 167 Seaview Avenue

City State Zip Code  
Palm Beach FL 33480

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00269

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Hildegard B. Burtchell

Mailing Address 5 W. Xavier Avenue

City State Zip Code  
Temple TX 76501-1519

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00270

Amount of Each Receipt this Period

111.00

**SUBTOTAL** of Receipts This Page (optional) .....

461.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 273 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Ms. Hildegard B. Burtchell

Mailing Address 5 W. Xavier Avenue

City

Temple

State

TX

Zip Code

76501-1519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	1

Transaction ID: 2011M02L11AI00271

Amount of Each Receipt this Period

154.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert J. Bury

Mailing Address 772 Munich Drive

City

Bismarck

State

ND

Zip Code

58504-7026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mid Dakota ClinicOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	1

Transaction ID: 2011M02L11AI00272

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

David Bussone

Mailing Address 4413 Playfair Ln

City

Charlotte

State

NC

Zip Code

28277-5541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medcath, Inc.Occupation  
Healthcare Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	1

Transaction ID: 2011M02L11AI00273

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2154.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 274 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William F. Butin

Mailing Address 312 Duck Lake Drive

City

Lakeway

State

TX

Zip Code

78734-4505

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00274

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Janet A. Butler

Mailing Address P.O. Box 356

City

Robbins

State

CA

Zip Code

95676-0356

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Farming Corporation

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00275

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Stephen Butler

Mailing Address 6935 Hilltop Ct.

City

Columbus

State

GA

Zip Code

31904-2287

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
W.C. Bradley Co.

Occupation  
Ceo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00276

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 275 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Donovan Butter

Mailing Address 2935 Thousand Oaks #6-229

City State Zip Code  
**San Antonio TX 78247**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
**Physician**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**01 / 07 / 2011**

**Transaction ID: 2011M02L11AI00277**

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Fred E. Byerly

Mailing Address 3146 Old Salisbury Road

City State Zip Code  
**Winston Salem NC 27127-7224**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
**Professional Engineer**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**01 / 10 / 2011**

**Transaction ID: 2011M02L11AI00278**

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Susan L. Byrd

Mailing Address 13 Fish Hawk Drive

City State Zip Code  
**Fernandina Beach FL 32034-4953**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
**Retired**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

**01 / 10 / 2011**

**Transaction ID: 2011M02L11AI00279**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

**800.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 276 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mrs. Susan L. Byrd

Mailing Address 13 Fish Hawk Drive

City

Fernandina Beach

State

FL

Zip Code

32034-4953

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	1

Transaction ID: 2011M02L11AI00280

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Dorothy Byrne

Mailing Address 3 Laramie Road

City

Etna

State

NH

Zip Code

03750-3426

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
HomemakerOccupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	1

Transaction ID: 2011M02L11AI00281

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Rj Cacciutti

Mailing Address 1269 Clubhouse Road

City

Gladwyne

State

PA

Zip Code

19035

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
West Philadelphia Bronze  
CorpOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.07

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	1

Transaction ID: 2011M02L11AI00282

Amount of Each Receipt this Period

95.54

SUBTOTAL of Receipts This Page (optional) .....

2395.54

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 277 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Rj Cacciutti

Mailing Address 1269 Clubhouse Road

City

Gladwyne

State

PA

Zip Code

19035

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
West Philadelphia Bronze  
Corp

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.07

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

**Transaction ID:** 2011M02L11AI00283

Amount of Each Receipt this Period

65.99

**B.**

Full Name (Last, First, Middle Initial)

Rj Cacciutti

Mailing Address 1269 Clubhouse Road

City

Gladwyne

State

PA

Zip Code

19035

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
West Philadelphia Bronze  
Corp

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.07

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

**Transaction ID:** 2011M02L11AI00284

Amount of Each Receipt this Period

87.54

**C.**

Full Name (Last, First, Middle Initial)

Dr. Liliana Caceres

Mailing Address 9848 N. Sedona Circle

City

Fresno

State

CA

Zip Code

93720-5405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

**Transaction ID:** 2011M02L11AI00285

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**403.53**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 278 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert V. Call, Jr.

Mailing Address 6661 Fisher Road

City

Oakfield

State

NY

Zip Code

14125

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
My T. Acres, Inc.

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00286

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael J. Callahan

Mailing Address P.O. Box 247

City

Winnetka

State

IL

Zip Code

60093-0247

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI00287

Amount of Each Receipt this Period

730.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Philip G. Cameron

Mailing Address 26818 Hot Springs Place

City

Agoura Hills

State

CA

Zip Code

91301-5318

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00288

Amount of Each Receipt this Period

240.00

**SUBTOTAL** of Receipts This Page (optional) .....

1220.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 279 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mrs. Mary F. Cannon

Mailing Address 3366 Ardmore Road

City

Cleveland

State

OH

Zip Code

44120-3404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: 2011M02L11AI00289

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert W. Capece

Mailing Address 548 81st Street

City

Brooklyn

State

NY

Zip Code

11209-4013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	1

Transaction ID: 2011M02L11AI00290

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael Carlson

Mailing Address 10616 County Road 604

City

Alvarado

State

TX

Zip Code

76009-8595

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: 2011M02L11AI00291

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1470.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 280 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Dan R. Carmichael

Mailing Address 605 Ocean Club Ct.

City

Amelia Island

State

FL

Zip Code

32034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation

Consultant/Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00292

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Wanda Carmichael

Mailing Address 36124 Highway 315

City

Batesville

State

MS

Zip Code

38606-9151

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lawrence/Crane Painting

Occupation

Subcontractor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00293

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David A. Carnal

Mailing Address 14614 Warner Trl

City

Westfield

State

IN

Zip Code

46074-9787

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Xona Software, Inc.

Occupation

Co Founder & C.E.O.

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00294

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 281 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Carol A. Carpenter

Mailing Address 656 W. Evergreen Court

City

Milwaukee

State

WI

Zip Code

53217-1608

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00295

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert R. Carpenter, III

Mailing Address P.O. Box 732

City

Montchanin

State

DE

Zip Code

19710-0732

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00296

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Alan Carpien

Mailing Address 3825 Beecher Street N.W.

City

Washington

State

DC

Zip Code

20007-1802

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Environmental Protec-  
tion

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00297

Amount of Each Receipt this Period

216.00

**SUBTOTAL** of Receipts This Page (optional) .....

1016.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 282 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Gisela Lisse Carr

Mailing Address 1250 S. Washington Street  
Unit 407

City State Zip Code  
Alexandria VA 22314-4430

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00298

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Kenneth A. Carr

Mailing Address 2718 S.W. Water Avenue

City State Zip Code  
Portland OR 97201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Carr Construction, Inc.

Occupation  
President/Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00299

Amount of Each Receipt this Period

345.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Paul A. Carr

Mailing Address 3019 Ruths Court

City State Zip Code  
Greenbrier TN 37073-4127

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00300

Amount of Each Receipt this Period

305.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ralph R. Carruthers

Mailing Address 601 Glenway Drive

City

Hamilton

State

OH

Zip Code

45013-3578

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00301

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Margaret G. Carswell

Mailing Address 300 Bull Street  
Apartment 602

City

Savannah

State

GA

Zip Code

31401-4332

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00302

Amount of Each Receipt this Period

325.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Margaret G. Carswell

Mailing Address 300 Bull Street  
Apartment 602

City

Savannah

State

GA

Zip Code

31401-4332

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00303

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 284 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kevin Casey

Mailing Address 8408 Brewster Drive

City

Alexandria

State

VA

Zip Code

22308

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Navy

Occupation

Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00304

Amount of Each Receipt this Period

165.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kevin Casey

Mailing Address 8408 Brewster Drive

City

Alexandria

State

VA

Zip Code

22308

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Navy

Occupation

Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00305

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ronald J Cassell

Mailing Address 479 Nibus

City

Brea

State

CA

Zip Code

92821-3204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
C&L Refrigeration

Occupation

Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI00306

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

915.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 285 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Armando M. Castellini

Mailing Address 78 Diamond Spring Road

City

Denville

State

NJ

Zip Code

07834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Insurance Litigation Expert

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	1	1

Transaction ID: 2011M02L11AI00307

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jesse P. Cates

Mailing Address 2396 Morningstar Trail

City

Corning

State

NY

Zip Code

14830-9607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Corning, Inc.

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	1

Transaction ID: 2011M02L11AI00308

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jesse P. Cates

Mailing Address 2396 Morningstar Trail

City

Corning

State

NY

Zip Code

14830-9607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Corning, Inc.

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	1

Transaction ID: 2011M02L11AI00309

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Lynda G. Cavallo

Mailing Address 3786 Bidwell Drive

City

Yorba Linda

State

CA

Zip Code

92886-1874

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00310

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph Cerniglia

Mailing Address 1404 Thomas Street

City

Gretna

State

LA

Zip Code

70053-5639

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00311

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David Chaffe Iii

Mailing Address 1546 Jefferson Ave

City

New Orleans

State

LA

Zip Code

70115

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Chaffe & Associates, Inc.

Occupation  
Investment Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00312

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

775.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 287 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jack Chain

Mailing Address 416 Valley View Drive  
Suite 700

City State Zip Code  
Scottsbluff NE 69361

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 26 / 2011

Transaction ID: 2011M02L11AI00313

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Susan Chamberlain

Mailing Address 7447 Snake Road

City State Zip Code  
Kingston IL 60145

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

01 / 05 / 2011

Transaction ID: 2011M02L11AI00314

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. John E. Chance

Mailing Address 130 Twin Oaks Blvd.

City State Zip Code  
Lafayette LA 70503-2740

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 20 / 2011

Transaction ID: 2011M02L11AI00315

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1220.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 288 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Capt. A. W. Chandler

Mailing Address 3525 Turtle Creek Blvd.  
Penthouse B.

City State Zip Code  
**Dallas TX 75219-0453**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 0 5 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00316**

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Henry T. Chandler

Mailing Address 890 N. Green Bay Road

City State Zip Code  
**Lake Forest IL 60045-1707**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1130.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 9 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00317**

Amount of Each Receipt this Period

1130.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Janet G. Chandler

Mailing Address 9603 Appin Falls Drive

City State Zip Code  
**Spring TX 77379-6574**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United Recovery Systems

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 0 5 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00318**

Amount of Each Receipt this Period

550.00

**SUBTOTAL** of Receipts This Page (optional) .....

**2680.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 289 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mrs. Connie G. Chaney

Mailing Address 3273 Sumac Court

City

Fallbrook

State

CA

Zip Code

92028-8707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
C. E. O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	1

Transaction ID: 2011M02L11AI00319

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Alec Y. Chang

Mailing Address 1391 La Honda Road

City

Woodside

State

CA

Zip Code

94062-3731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: 2011M02L11AI00320

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Donald L. Chapman

Mailing Address 750 Park Avenue N.E.  
Apartment 23S.E.

City

Atlanta

State

GA

Zip Code

30326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Opt WorldOccupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: 2011M02L11AI00321

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 290 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Nestor R. Charriez

Mailing Address 4 Wheatley Court

City

Scotch Plains

State

NJ

Zip Code

07076-2545

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Harrison Scott Publicatio-  
ns, Inc.

Occupation

Accountant/Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00322

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jean Paul Chauvel

Mailing Address 31 Lake Road

City

Lake Jackson

State

TX

Zip Code

77566-3201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dow Chemical

Occupation

Chemist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00323

Amount of Each Receipt this Period

205.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Nidia L. Chediak

Mailing Address 847 Coquina Way

City

Boca Raton

State

FL

Zip Code

33432-3042

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Caps Medical Management

Occupation

Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI00324

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

1425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 291 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Clair Chenoweth

Mailing Address R.R. 5 1106

City State Zip Code  
**Bridgeport WV 26330**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 9 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00325**

Amount of Each Receipt this Period

**220.00**

**B.**

Full Name (Last, First, Middle Initial)  
 Mrs. Toni M. Cherry

Mailing Address P O Boxc 505

City State Zip Code  
**Du Bois PA 15801**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
 Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00326**

Amount of Each Receipt this Period

**300.00**

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Michael W. Chichester

Mailing Address 8297 Country Lake Drive

City State Zip Code  
**Orangevale CA 95662-2145**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 3 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00327**

Amount of Each Receipt this Period

**300.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**820.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 292 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. David Guy Childers

Mailing Address 4206 Tamarack Drive

City

Fort Wayne

State

IN

Zip Code

46835-3444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: 2011M02L11AI00328

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Don Childers

Mailing Address P.O. Box 430

City

Whitesburg

State

KY

Zip Code

41858-0430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	4	/	2	0	1	1

Transaction ID: 2011M02L11AI00329

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. J. Alton Chinn

Mailing Address 2261 Longview Drive

City

Bishop

State

CA

Zip Code

93514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	1	1

Transaction ID: 2011M02L11AI00330

Amount of Each Receipt this Period

340.00

SUBTOTAL of Receipts This Page (optional) .....

865.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 293 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mrs. Karen A. Choate

Mailing Address 5951 U.S. Highway 380 W.

City	State	Zip Code
Jacksboro	TX	76458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	1	1

Transaction ID: 2011M02L11AI00331

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Karen A. Choate

Mailing Address 5951 U.S. Highway 380 W.

City	State	Zip Code
Jacksboro	TX	76458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	8		2	0	1	1

Transaction ID: 2011M02L11AI00332

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Floyd E. Christenson

Mailing Address 442 Ilikahi Street

City	State	Zip Code
Lahaina	HI	96761-1149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fearless, Inc. D.B.A. Mam-  
a's Fish HousOccupation  
Restaurant Owner / Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	1	1

Transaction ID: 2011M02L11AI00333

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1210.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 294 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. David C. Christian, II

Mailing Address 4145 N. Hermitage Avenue  
 Apartment 2A

City State Zip Code  
 Chicago IL 60613

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00334

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Langdon Taylor Christian, IV

Mailing Address 13 Partridge Hill Road

City State Zip Code  
 Richmond VA 23238-6219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00335

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Allen Christy

Mailing Address 2600 Cherrywood Road

City State Zip Code  
 Minnetonka MN 55305-2319

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00336

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1775.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 295 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William H. Cilker

Mailing Address 1631 Willow Street  
Suite 225

City State Zip Code  
**San Jose CA 95125-5118**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 8 / 2 0 1 1**

Transaction ID: 2011M02L11AI00337

Amount of Each Receipt this Period

550.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael A. Cipolla

Mailing Address 401 Brantley Ridge

City State Zip Code  
**Warner Robins GA 31088-2578**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Us Air Force

Occupation  
Electronics Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 0 / 2 0 1 1**

Transaction ID: 2011M02L11AI00338

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael A. Cipolla

Mailing Address 401 Brantley Ridge

City State Zip Code  
**Warner Robins GA 31088-2578**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Us Air Force

Occupation  
Electronics Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 4 / 2 0 1 1**

Transaction ID: 2011M02L11AI00339

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional) .....

1085.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 296 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Claridge

Mailing Address 654 N. Santa Cruz Avenue

City State Zip Code  
**Los Gatos CA 95030**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Claridge's, L.T.D.

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**01 / 24 / 2011**

**Transaction ID: 2011M02L11AI00340**

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Donald A Clark

Mailing Address 64 Fairbanks

City State Zip Code  
**Irvine CA 92618-1602**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
C. & C., Partners

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

**01 / 07 / 2011**

**Transaction ID: 2011M02L11AI00341**

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Marguerite J. Clark

Mailing Address 6101 Mountain Level Farm Lane

City State Zip Code  
**Culpeper VA 22701-9204**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

**01 / 28 / 2011**

**Transaction ID: 2011M02L11AI00342**

Amount of Each Receipt this Period

1100.00

**SUBTOTAL** of Receipts This Page (optional) .....

**2500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 297 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard G. Clark

Mailing Address P.O. Box 406

City

Manlius

State

NY

Zip Code

13104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00343

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Steve Clark

Mailing Address P.O. Box 21080

City

Wichita

State

KS

Zip Code

67208-7080

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Clark Investment Group

Occupation  
Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00344

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Clem

Mailing Address 3000 Mountain Creek Parkway

City

Dallas

State

TX

Zip Code

75211-6700

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dallas Baptist University

Occupation  
College Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI00345

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

5650.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 298 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas E. Clifford

Mailing Address P.O. Box 627

City

Blythe

State

CA

Zip Code

92226-0627

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	1	1

Transaction ID: 2011M02L11AI00346

Amount of Each Receipt this Period

245.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert D. Clouser

Mailing Address 1548 Shady Forest Way

City

Charlottesville

State

VA

Zip Code

22901

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Rivanna Water & Sewer Aut-  
horityOccupation  
Water Treatment Plant Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	1

Transaction ID: 2011M02L11AI00347

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert D. Clouser

Mailing Address 1548 Shady Forest Way

City

Charlottesville

State

VA

Zip Code

22901

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Rivanna Water & Sewer Aut-  
horityOccupation  
Water Treatment Plant Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	1

Transaction ID: 2011M02L11AI00348

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional) .....

595.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Lawrence J. Cochran

Mailing Address 1402 S. 185Th Circle

City

Omaha

State

NE

Zip Code

68130-2734

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None Of Your Business

Occupation

None Of Your Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00349

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Larry Eugene Coggins

Mailing Address P.O. Box 784

City

Sedalia

State

CO

Zip Code

80135-0784

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00350

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Frank M. Cole

Mailing Address 425 Cole Shopping Center

City

Cheyenne

State

WY

Zip Code

82001-5370

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cole Corporation

Occupation

Property Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00351

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gerald M. Cole

Mailing Address 680 N. Lake Shore Drive  
 Apartment 824

City State Zip Code  
 Chicago IL 60611-8702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Advertising Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00352

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Barbara S. Collie

Mailing Address 224 Adams Trail

City State Zip Code  
 Keeling VA 24566-2112

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00353

Amount of Each Receipt this Period

230.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Collins

Mailing Address 206 Deerfield Ln

City State Zip Code  
 Franklin TN 37069-6011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00354

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1080.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Glen B. Collyer

Mailing Address 2107 Lyans Drive

City

La Canada Flintrid

State

CA

Zip Code

91011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Latham & Watkins

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00355

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Nick Concilio

Mailing Address 76 King George Road

City

Warren

State

NJ

Zip Code

07059-6946

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Small Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00356

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Frank Conklin

Mailing Address P.O. Box 217

City

Hillsboro

State

NM

Zip Code

88042-0217

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00357

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

775.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Carl W. Connell, Jr.

Mailing Address 1130 Foxtrot Lane

City

Richland

State

WA

Zip Code

99352-7712

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fluor

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI00358

Amount of Each Receipt this Period

495.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. George Connolly

Mailing Address 7998 W. 111Th Avenue

City

Westminster

State

CO

Zip Code

80021-2665

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Connolly's Towing, Inc.

Occupation

C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00359

Amount of Each Receipt this Period

240.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. George Connolly

Mailing Address 7998 W. 111Th Avenue

City

Westminster

State

CO

Zip Code

80021-2665

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Connolly's Towing, Inc.

Occupation

C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00360

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

955.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Ioana Constandaky

Mailing Address 5035-4 Green Mountain Circle

City

Columbia

State

MD

Zip Code

21044-2446

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00361

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Contessa

Mailing Address 200 E. 24Th Street  
Apartment 1906

City

New York

State

NY

Zip Code

10010-3932

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Swiss R.E.

Occupation  
Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00362

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. R. Lee Conway

Mailing Address P.O. Box 208

City

Morristown

State

OH

Zip Code

43759-0208

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bennac, Inc.

Occupation  
Coal Miner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00363

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

690.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 304 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bill F. Cook

Mailing Address 2132 Golf Club Lane

City

Nashville

State

TN

Zip Code

37215-1224

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00364

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Jane Cook

Mailing Address 2782 Tolkien Lane

City

Lake Oswego

State

OR

Zip Code

97034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: 2011M02L11AI00365

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Lavonia King Cook

Mailing Address 141 Bermuda Lane

City

Albany

State

GA

Zip Code

31707-1273

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00366

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

720.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Cook

Mailing Address 1229 Walt Whitman Road

City

Melville

State

NY

Zip Code

11747-3010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American River International

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00367

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas C. Cook

Mailing Address 10532 Cliff Edge Court

City

Las Vegas

State

NV

Zip Code

89129-3206

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Law Offices Of Thomas C. Cook

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00368

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John A. Cooney

Mailing Address 3323 N. Bunchberry Way

City

Boise

State

ID

Zip Code

83704-0717

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00369

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

660.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 306 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. Kenneth H. Cooper

Mailing Address 6564 Valleybrook Drive

City

Dallas

State

TX

Zip Code

75254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cooper Clinic

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00370

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard Cooper

Mailing Address 9 Four Leaf Mannor

City

Rexford

State

NY

Zip Code

12148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00371

Amount of Each Receipt this Period

255.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ronald B. Copple

Mailing Address P.O. Box 4189

City

Pagosa Springs

State

CO

Zip Code

81157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Western Refining

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00372

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1005.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Cornelia Corbett

Mailing Address 1043 Guisando De Avila

City  
**Tampa**

State  
**FL**

Zip Code  
**33613-1058**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00373**

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Corboy

Mailing Address 95-717 Kipapa Drive  
 Apartment 23

City  
**Mililani**

State  
**HI**

Zip Code  
**96789-1038**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 3 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00374**

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Corboy

Mailing Address 95-717 Kipapa Drive  
 Apartment 23

City  
**Mililani**

State  
**HI**

Zip Code  
**96789-1038**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 3 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00375**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Ann Cork

Mailing Address 6430 Olympia Drive

City State Zip Code  
**Houston TX 77057**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 0 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00376**

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Bonnie B. Corley

Mailing Address 6495 Holland Drive

City State Zip Code  
**Cumming GA 30041-4641**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 0 3 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00377**

Amount of Each Receipt this Period

550.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Carl D. Corley

Mailing Address 2905 N. 32Nd Street

City State Zip Code  
**Fort Smith AR 72904-4202**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Carco Rentals, Inc.

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 6 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00378**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1770.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Curt J. Corn

Mailing Address 4429 Loma Paseo

City

Bonita

State

CA

Zip Code

91902-2347

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Marine Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00379

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. George Cornelson

Mailing Address 1644 Highway 56 South  
Merrie Oaks

City

Clinton

State

SC

Zip Code

29325

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00380

Amount of Each Receipt this Period

555.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. George T. Corrado, Sr.

Mailing Address 2002 S.W. 17Th Avenue

City

Cape Coral

State

FL

Zip Code

33991

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00381

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

885.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. George T. Corrado, Sr.

Mailing Address 2002 S.W. 17Th Avenue

City State Zip Code  
**Cape Coral FL 33991**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 0 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00382**

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Nancy Corral

Mailing Address 1242 N. Lake Shore Drive

City State Zip Code  
**Chicago IL 60610**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 4 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00383**

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John J. Corry

Mailing Address 1114 N. Court Street

City State Zip Code  
**Medina OH 44256**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sherwin-Williams

Occupation  
Director - Global Sales Excell

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00384**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**600.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Corson

Mailing Address 6 Club Road

City

Newton

State

NJ

Zip Code

07860

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00385

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John H. Corson

Mailing Address 3 Woodbine Terrace

City

Sparta

State

NJ

Zip Code

07871-1616

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Real Estate Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00386

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mary B. Corum

Mailing Address 101 Countryside Lane

City

Louisville

State

KY

Zip Code

40243-1285

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00387

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mary B. Corum

Mailing Address 101 Countryside Lane

City

Louisville

State

KY

Zip Code

40243-1285

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00388

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John G. Corwin

Mailing Address 4449 Meandering Way

City

Tallahassee

State

FL

Zip Code

32308-5747

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00389

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John G. Corwin

Mailing Address 4449 Meandering Way

City

Tallahassee

State

FL

Zip Code

32308-5747

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00390

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James R. Cote

Mailing Address 7440 Shannon Drive

City  
**Edina**

State  
**MN**

Zip Code  
**55439-2637**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 3 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00391**

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Connie E. Cotton

Mailing Address 1 Peachtree Court

City

**Wichita Falls**

State

**TX**

Zip Code

**76308**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Requested

Occupation  
 Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 5 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00392**

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William J. Coughlin

Mailing Address 38566 Lakeshore

City

**Harrison Township**

State

**MI**

Zip Code

**48045**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Requested

Occupation  
 Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00393**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Henry R. J. Courmoyer

Mailing Address 444 Oak Alley Drive

City

Houma

State

LA

Zip Code

70360-7956

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00394

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert W. Courtney

Mailing Address 12600 N. Port Washington Road  
Apartment 2307

City

Meguon

State

WI

Zip Code

53092-3471

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Courtney Industrial Batterie

Occupation  
Sales Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00395

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Diana Cox

Mailing Address P.O. Box 476

City

Christmas Valley

State

OR

Zip Code

97641-0476

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00396

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Edward F. Cox

Mailing Address 1133 Avenue Of The Americas

City

New York

State

NY

Zip Code

10036-6710

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Patterson, Belknap

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00397

Amount of Each Receipt this Period

30400.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Frances Craig

Mailing Address 2060 Spillway Road

City

Brandon

State

MS

Zip Code

39047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00398

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Ronald Cramer

Mailing Address 90868 Coburghills Drive

City

Eugene

State

OR

Zip Code

97408

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: 2011M02L11AI00399

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

30975.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William Crane

Mailing Address 863 Pembridge Drive

City

Lake Forest

State

IL

Zip Code

60045-4202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00400

Amount of Each Receipt this Period

550.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Dewey B. Crawford

Mailing Address 524 Hoyt Lane

City

Winnetka

State

IL

Zip Code

60093-2623

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Foley & Lardner L.L.P.

Occupation  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00401

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Dewitt G. Crawford

Mailing Address P.O. Box 109

City

Louisville

State

MS

Zip Code

39339-0109

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00402

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Crawford

Mailing Address 20128 Chateau Drive

City

Saratoga

State

CA

Zip Code

95070

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Intel Corp.

Occupation

Computer Architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00403

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William Crawford

Mailing Address 3313 Eden Park Drive

City

Carmel

State

IN

Zip Code

46033-3038

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation

N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00404

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Constance Cress

Mailing Address 3789 Barton Farm Drive

City

Ann Arbor

State

MI

Zip Code

48105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00405

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional) .....

1625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Donald J. Crevier

Mailing Address 2506 Altamar Drive

City

Laguna Beach

State

CA

Zip Code

92651-1034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Auto Dealer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00406

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David W. Cromer

Mailing Address 10843 Phillips Highway

City

Jacksonville

State

FL

Zip Code

32256-1552

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Veterinarian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00407

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David W. Cromer

Mailing Address 10843 Phillips Highway

City

Jacksonville

State

FL

Zip Code

32256-1552

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Veterinarian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00408

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Thomas Crosby

Mailing Address 141 Mead Ln

City

Holland

State

OH

Zip Code

43528-8283

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
R&R Food Equipment

Occupation  
Service Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00409

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Dennis Cross

Mailing Address 25 East 86Th Street  
Apartment 7F

City

New York

State

NY

Zip Code

10028-0553

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00410

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William W. Crowell

Mailing Address 8058 Corporate Center Drive  
Suite 100

City

Charlotte

State

NC

Zip Code

28226-4560

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00411

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles S. Crowley

Mailing Address 6 Deepwoods Drive

City

**Mattapoisett**

State

**MA**

Zip Code

**02739-1304**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**260.00**

Date of Receipt

**01 / 11 / 2011**

**Transaction ID: 2011M02L11AI00412**

Amount of Each Receipt this Period

**260.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lewis Eugene Crowley

Mailing Address 417 Park Avenue

City

**Manhasset**

State

**NY**

Zip Code

**11030-2644**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**01 / 19 / 2011**

**Transaction ID: 2011M02L11AI00413**

Amount of Each Receipt this Period

**1000.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jack E. Crozier

Mailing Address 12070 Tavel Circle

City

**Dallas**

State

**TX**

Zip Code

**75230-2234**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**01 / 31 / 2011**

**Transaction ID: 2011M02L11AI00414**

Amount of Each Receipt this Period

**1000.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**2260.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Elizabeth M. Culhane

Mailing Address 8909 Wexford Street

City

San Antonio

State

TX

Zip Code

78217-4129

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00415

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas R. Culhane

Mailing Address 5331 Bishops Castle Circle

City

Anchorage

State

AK

Zip Code

99516-4266

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00416

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Alicia P. Cullen

Mailing Address P.O. Box 1039

City

Kennett Square

State

PA

Zip Code

19348-0424

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI00417

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Bonnie Culver

Mailing Address 1920 Rustic Court

City

Casper

State

WY

Zip Code

82609-3415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00418

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Patrick C. Cunningham

Mailing Address 2706 29th Avenue

City

Rock Island

State

IL

Zip Code

61201-5447

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00419

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Mary Anne Cupp

Mailing Address 146 Ravenwood Place

City

Hot Springs

State

AR

Zip Code

71901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI00420

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Sandra S. Curtis

Mailing Address 1608 W. Park Avenue

City

Corsicana

State

TX

Zip Code

75110-4147

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00421

Amount of Each Receipt this Period

235.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Alexander M. Cutler

Mailing Address P.O. Box 237

City

Gates Mills

State

OH

Zip Code

44040-0237

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Eaton Corporation

Occupation

Chairman & C.E.O.

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00422

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Glen Daley

Mailing Address P.O. Box 2500

City

Marcy

State

NY

Zip Code

13403

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00423

Amount of Each Receipt this Period

210.00

**SUBTOTAL** of Receipts This Page (optional) .....

5445.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Glen Daley

Mailing Address P.O. Box 2500

City

**Marcy**

State

**NY**

Zip Code

**13403**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1080.00**

Date of Receipt

**01 / 07 / 2011**

**Transaction ID: 2011M02L11AI00424**

Amount of Each Receipt this Period

**175.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. Glen Daley

Mailing Address P.O. Box 2500

City

**Marcy**

State

**NY**

Zip Code

**13403**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1080.00**

Date of Receipt

**01 / 13 / 2011**

**Transaction ID: 2011M02L11AI00425**

Amount of Each Receipt this Period

**165.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. Glen Daley

Mailing Address P.O. Box 2500

City

**Marcy**

State

**NY**

Zip Code

**13403**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1080.00**

Date of Receipt

**01 / 24 / 2011**

**Transaction ID: 2011M02L11AI00426**

Amount of Each Receipt this Period

**200.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**540.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Glen Daley

Mailing Address P.O. Box 2500

City

**Marcy**

State

**NY**

Zip Code

**13403**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1080.00**

Date of Receipt

**01 / 28 / 2011**

**Transaction ID: 2011M02L11AI00427**

Amount of Each Receipt this Period

**165.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. Glen Daley

Mailing Address P.O. Box 2500

City

**Marcy**

State

**NY**

Zip Code

**13403**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1080.00**

Date of Receipt

**01 / 31 / 2011**

**Transaction ID: 2011M02L11AI00428**

Amount of Each Receipt this Period

**165.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. Carl F. Dallmeyer

Mailing Address 1205 E. Washington Street #252

City

**Washington**

State

**IA**

Zip Code

**52353-2100**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5000.00**

Date of Receipt

**01 / 26 / 2011**

**Transaction ID: 2011M02L11AI00429**

Amount of Each Receipt this Period

**5000.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**5330.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 326 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Danny Daniels

Mailing Address 27496 Max Street

City

Edwardsburg

State

MI

Zip Code

49112-9664

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DANCO

Occupation

Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00430

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Danny Dansby

Mailing Address 2603 Sir Percival Lane

City

Lewisville

State

TX

Zip Code

75056-5710

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00431

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Danelle M. Daubendiek

Mailing Address 3908 N. 194Th St

City

Elkhorn

State

NE

Zip Code

68022-5191

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00432

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

775.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Edwin Davila-Blaise

Mailing Address 1106 N Evergreen St

City

Arlington

State

VA

Zip Code

22205-2535

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI00433

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Christopher K. Davis

Mailing Address 505 Flint Ridge Drive

City

Norman

State

OK

Zip Code

73072-8350

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sysco Oklahoma

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00434

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. George W. Davis

Mailing Address 110 Industrial Drive

City

Holden

State

MA

Zip Code

01520-1849

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Inner Title Corporation

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00435

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. James A. Davis

Mailing Address 3330 Capital Oaks Drive

City State Zip Code  
**Tallahassee FL 32308**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 3 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00436**

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. John Davis

Mailing Address 120 Saddle Ridge Drive

City State Zip Code  
**Oakdale PA 15071**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 0 3 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00437**

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John C. Davis

Mailing Address 700 John Ringling Blvd.  
T-912

City State Zip Code  
**Sarasota FL 34236**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 4 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00438**

Amount of Each Receipt this Period

440.00

**SUBTOTAL** of Receipts This Page (optional) .....

**990.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. L. B. Davis

Mailing Address 5530 Waterpointe Cove

City

Tupela

State

MS

Zip Code

38801-8996

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Davis Agriculture Consult-  
ants, Inc.

Occupation

Agricultural Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00439

Amount of Each Receipt this Period

330.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Louie Bob Davis

Mailing Address P. O. Box 747

City

Abilene

State

TX

Zip Code

79604-0747

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation

Cattle Ranching

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00440

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Marthalene Davis

Mailing Address 103 Saint Andrews Circle

City

Thomasville

State

GA

Zip Code

31792

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00441

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Monty L. Davis

Mailing Address 19827 Cypress Church Road

City State Zip Code  
**Cypress TX 77433-1479**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Core Lab, L.P.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 8 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00442**

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William L. Davis

Mailing Address 130 Woodley Road

City State Zip Code  
**Winnetka IL 60093-3737**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 0 7 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00443**

Amount of Each Receipt this Period

1100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jerrold K. Day

Mailing Address P.O. Box 0

City State Zip Code  
**Middle Haddam CT 06456-0150**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 8 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00444**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael Day

Mailing Address 3480 Rockcliff Place

City

Longwood

State

FL

Zip Code

32779-3141

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Control Technologies

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00445

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert S. Dayton

Mailing Address 1106 Briar Creek  
R.S.D. Ranch

City

Friendswood

State

TX

Zip Code

77546-5342

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00446

Amount of Each Receipt this Period

245.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gerard De Camp

Mailing Address 1127 Eldridge Pkwy., # 300-148

City

Houston

State

TX

Zip Code

77077-1771

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00447

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

1020.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Paul De Cleva

Mailing Address 350 N. Saint Paul Street  
Suite 1625City State Zip Code  
Dallas TX 75201-4259FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self-EmployedOccupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	1	1

Transaction ID: 2011M02L11AI00448

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul De Cleva

Mailing Address 350 N. Saint Paul Street  
Suite 1625City State Zip Code  
Dallas TX 75201-4259FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self-EmployedOccupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	1

Transaction ID: 2011M02L11AI00449

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James De Franco, II

Mailing Address 97 Crown Point Place

City State Zip Code  
Castle Rock CO 80108-9002FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Echostar CommunicationsOccupation  
Executive VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	1

Transaction ID: 2011M02L11AI00450

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional) .....

570.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James F. De Les Dernier

Mailing Address 9502 Lakewater Court

City

Richmond

State

VA

Zip Code

23229-6010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00451

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard L. De Prospero

Mailing Address 7366 Big Cypress Drive

City

Miami Lakes

State

FL

Zip Code

33014-2505

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00452

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Irene H. C. De Sanctis

Mailing Address 2556 Aberdeen Avenue

City

Los Angeles

State

CA

Zip Code

90027-1220

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00453

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Edwin W. De Valois

Mailing Address 19820 Hamal Drive

City

Monument

State

CO

Zip Code

80132-9718

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00454

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ernest J. De Wald

Mailing Address 847 River Run

City

Clarksville

State

TN

Zip Code

37043-6043

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00455

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Russell J. Dean

Mailing Address P.O. Box 2347

City

Pasco

State

WA

Zip Code

99302

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Russ Dean Family RV

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00456

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3120.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 335 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. James R. Dear

Mailing Address 32179 Lock Number 2 Road

City	State	Zip Code
Bush	LA	70431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Veterinarian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: 2011M02L11AI00457

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John S. Deindorfer

Mailing Address 4136 51St Street

City	State	Zip Code
Woodside	NY	11377-4467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West Linn Paper CompanyOccupation  
Vice President Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: 2011M02L11AI00458

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John S. Deindorfer

Mailing Address 4136 51St Street

City	State	Zip Code
Woodside	NY	11377-4467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West Linn Paper CompanyOccupation  
Vice President Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	1	1

Transaction ID: 2011M02L11AI00459

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

850.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Joann Delaney

Mailing Address 2899 N. Garrett Lane

City

Flagstaff

State

AZ

Zip Code

86001-7882

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00460

Amount of Each Receipt this Period

25000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul Delaney

Mailing Address 2899 N. Garrett Lane

City

Flagstaff

State

AZ

Zip Code

86001-7882

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00461

Amount of Each Receipt this Period

25000.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Marie Delgado

Mailing Address P.O. Box 457

City

Yucaipa

State

CA

Zip Code

92399-0457

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00462

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

50220.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Scott Demers

Mailing Address 1016 Ashton Drive

City

Morgantown

State

WV

Zip Code

26508

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI00463

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Scott Demers

Mailing Address 1016 Ashton Drive

City

Morgantown

State

WV

Zip Code

26508

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00464

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Marie Dempcy

Mailing Address 429 94Th Avenue S.E.

City

Bellevue

State

WA

Zip Code

98004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI00465

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

470.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph M. Dempsey

Mailing Address 275 Dunleith Drive

City

Destrehan

State

LA

Zip Code

70047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Crescent Crown Distributi-  
ng

Occupation  
C.F.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

**Transaction ID:** 2011M02L11AI00466

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Jane Denk

Mailing Address 81 Steeplechase Road

City

Devon

State

PA

Zip Code

19333-1226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

**Transaction ID:** 2011M02L11AI00467

Amount of Each Receipt this Period

280.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Colleen Dennis

Mailing Address 223 Broken Spur Road

City

Victor

State

MT

Zip Code

59875-9329

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

**Transaction ID:** 2011M02L11AI00468

Amount of Each Receipt this Period

330.00

**SUBTOTAL** of Receipts This Page (optional) .....

860.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Dena L. Denniston

Mailing Address 76 Fairview Avenue

City

Atherton

State

CA

Zip Code

94027-2103

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00469

Amount of Each Receipt this Period

205.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James A. Derby

Mailing Address 457 Ruckel Drive

City

Niceville

State

FL

Zip Code

32578-1782

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00470

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Lily H. Desjardins

Mailing Address 50 Endicott Street  
Unit 2221

City

Danvers

State

MA

Zip Code

01923-4819

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00471

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Carl J. Deutsch

Mailing Address 12328 Federal Drive

City State Zip Code  
**Saint Louis MO 63131**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 0 7 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00472**

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Helen J. Devos

Mailing Address 126 Ottawa Avenue N.W.  
500 Grand Bank Building

City State Zip Code  
**Grand Rapids MI 49503-2829**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 3 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00473**

Amount of Each Receipt this Period

30400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard M. Devos, Sr.

Mailing Address 126 Ottawa Avenue N.W.  
500 Grand Bank Building

City State Zip Code  
**Grand Rapids MI 49503-2829**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Alticor Corporation

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 3 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00474**

Amount of Each Receipt this Period

30400.00

**SUBTOTAL** of Receipts This Page (optional) .....

**61025.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Alven B. Deyampert

Mailing Address 40 E. Main Street #350

City State Zip Code  
**Newark DE 19711**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 3 / 2 0 1 1**

Transaction ID: 2011M02L11AI00475

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gene S. Di Medio

Mailing Address 400 Station Avenue

City State Zip Code  
**Haddonfield NJ 08033-4017**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Du Bell Lumber Company

Occupation  
Businessman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 0 3 / 2 0 1 1**

Transaction ID: 2011M02L11AI00476

Amount of Each Receipt this Period

375.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Christopher DiSipio

Mailing Address 4 Kren Drive

City State Zip Code  
**Ringoes NJ 08551-2055**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Chubb Insurance Companies

Occupation  
Insurance Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 5 / 2 0 1 1**

Transaction ID: 2011M02L11AI00477

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Paul Dickard, Jr.

Mailing Address 15230 Ridgfield Lane

City

Colorado Springs

State

CO

Zip Code

80921-3556

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00478

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Melinda A. Dickerson

Mailing Address 3101 Milton Road

City

Middletown

State

OH

Zip Code

45042-3656

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation  
None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00479

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jimmy D. Dicketts

Mailing Address 9391 California Avenue  
Space 34

City

Riverside

State

CA

Zip Code

92503-3221

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00480

Amount of Each Receipt this Period

270.00

**SUBTOTAL** of Receipts This Page (optional) .....

770.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Carl P. Dickey

Mailing Address 6260 Polo Drive

City

Cumming

State

GA

Zip Code

30040-5799

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00481

Amount of Each Receipt this Period

270.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Cindee L. Diepenhorst

Mailing Address 3402 Light Hill

City

San Antonio

State

TX

Zip Code

78258

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00482

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Allen Dieter

Mailing Address 4305 Cedar Brook Court

City

East Moline

State

IL

Zip Code

61244-9515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00483

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1070.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mary Ann Digiovanni

Mailing Address 1106 Creekwood Drive

City

Garland

State

TX

Zip Code

75044-2412

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self - Employed

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00484

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jack K. Dillard

Mailing Address 1005 Congress Avenue  
Suite 850

City

Austin

State

TX

Zip Code

78701-2465

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Altria Corporate Services,  
Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00485

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James M. Dillon

Mailing Address P.O. Box 585

City

Lexington

State

NC

Zip Code

27293-0585

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00486

Amount of Each Receipt this Period

330.00

**SUBTOTAL** of Receipts This Page (optional) .....

830.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 345 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. James M. Dillon

Mailing Address 3920 Peterson Drive

City

Calistoga

State

CA

Zip Code

94515-9621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Schramsberg V&COccupation  
Tour Guide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	1	/	2	0	1	1

Transaction ID: 2011M02L11AI00487

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David Eaton Dines

Mailing Address 5434 E. Lincoln Drive #11

City

Paradise Valley

State

AZ

Zip Code

85253-4118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	1

Transaction ID: 2011M02L11AI00488

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Paul A. Dines

Mailing Address 6372 Woodland Drive

City

East Amherst

State

NY

Zip Code

14051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roberts Gordon L.L.C.Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: 2011M02L11AI00489

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 346 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Elaine K. Dixon

Mailing Address 599 Macon Road

City

Mc Intyre

State

GA

Zip Code

31054-2059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Attentus Healthcare, Inc.

Occupation  
Healthcare

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00490

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Dixon

Mailing Address 2400 N.E. 36 Street  
#6

City

Light House Point

State

FL

Zip Code

33064-8171

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00491

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Daniel Dobranski

Mailing Address 22 Squirrels Heath Road

City

Fairport

State

NY

Zip Code

14450-9719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI00492

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional) .....

745.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 347 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard L. Dobson

Mailing Address 1803 Omni Blvd.

City

Mount Pleasant

State

SC

Zip Code

29466-8860

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00493

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Brandon Dodd

Mailing Address 111 John Henry Circle

City

Folsom

State

CA

Zip Code

95630

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI00494

Amount of Each Receipt this Period

330.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joseph W. Dominguez

Mailing Address 3654 Ridgebriar Drive

City

Dallas

State

TX

Zip Code

75234-7918

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rockwell Collins

Occupation  
Avionics Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

443.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00495

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

685.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 348 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph W. Dominguez

Mailing Address 3654 Ridgebriar Drive

City

Dallas

State

TX

Zip Code

75234-7918

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rockwell Collins

Occupation

Avionics Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

443.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00496

Amount of Each Receipt this Period

333.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph W. Dominguez

Mailing Address 3654 Ridgebriar Drive

City

Dallas

State

TX

Zip Code

75234-7918

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rockwell Collins

Occupation

Avionics Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

443.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00497

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dan L. Donald, Jr.

Mailing Address P.O. Box 675

City

Jennings

State

LA

Zip Code

70546-0675

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Jeff Davis Bank & Trust  
Company

Occupation

Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00498

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

888.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 349 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph W. Donner, Esq.

Mailing Address **3 East 71st Street**  
**Apartment 11-A**

City State Zip Code  
**New York NY 10021-4154**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**10000.00**

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 0 3 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00499**

Amount of Each Receipt this Period

**10000.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael J. Donovan

Mailing Address **13389 Danube Circle**

City State Zip Code  
**Rosemount MN 55068**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
M.J. Donovan Enterprises,  
Inc.

Occupation  
Small Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 0 7 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00500**

Amount of Each Receipt this Period

**500.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. William G. Doolittle

Mailing Address **P.O. Box 400**

City State Zip Code  
**Carmel CA 93921-0400**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 5 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00501**

Amount of Each Receipt this Period

**250.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**10750.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 350 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Susan E. Dorsch

Mailing Address 2517 Holly Point Road E.

City

Orange Park

State

FL

Zip Code

32073-5632

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00502

Amount of Each Receipt this Period

1200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Terry Dotson

Mailing Address 2504 Stone Creek Drive

City

Knoxville

State

TN

Zip Code

37918

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Worldwide Equipment Inc

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00503

Amount of Each Receipt this Period

1275.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. B. B. Doubleday, Jr.

Mailing Address 216 15Th Avenue N.

City

Nashville

State

TN

Zip Code

37203-3612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00504

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2975.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 351 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert Dougherty

Mailing Address P.O. Box 1065

City

Great Bend

State

KS

Zip Code

67530-1065

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Geologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00505

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael Douglas

Mailing Address 215 Shady Hill Lane

City

Lewisville

State

TX

Zip Code

75077-8270

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Advent Air Conditioning,  
Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00506

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Edwin Douglass

Mailing Address P.O. Box 400

City

Augusta

State

GA

Zip Code

30903-0400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
E.L.D., Inc.

Occupation  
Owner / President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00507

Amount of Each Receipt this Period

270.00

**SUBTOTAL** of Receipts This Page (optional) .....

740.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 352 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mrs. Catherine Draper

Mailing Address P.O. Box 2802

City

Kokomo

State

IN

Zip Code

46904-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	1

Transaction ID: 2011M02L11AI00508

Amount of Each Receipt this Period

215.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Darlene A. Drazenovich

Mailing Address 152 Martin Lane

City

Alexandria

State

VA

Zip Code

22304-7749

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. Department Of CommerceOccupation  
Federal Government

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	1	1

Transaction ID: 2011M02L11AI00509

Amount of Each Receipt this Period

270.00

**C.**

Full Name (Last, First, Middle Initial)

Prof. William Drew

Mailing Address 455 West 22Nd Avenue

City

Spokane

State

WA

Zip Code

99203-1955

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gonzaga UniversityOccupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	1	1

Transaction ID: 2011M02L11AI00510

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional) .....

635.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 353 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Prof. William Drew

Mailing Address 455 West 22Nd Avenue

City

Spokane

State

WA

Zip Code

99203-1955

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gonzaga UniversityOccupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	1

Transaction ID: 2011M02L11AI00511

Amount of Each Receipt this Period

100.50

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert Drewry

Mailing Address 3824 Maplewood

City

Dallas

State

TX

Zip Code

75205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
M.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	1

Transaction ID: 2011M02L11AI00512

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Donna Marie Driver

Mailing Address 318 4Th Avenue S.W.

City

Glen Burnie

State

MD

Zip Code

21061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Department Of JusticeOccupation  
Paralegal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	1

Transaction ID: 2011M02L11AI00513

Amount of Each Receipt this Period

265.00

SUBTOTAL of Receipts This Page (optional) .....

615.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 354 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Samuel I. Du Bose

Mailing Address 4261 Olde Mill Lane N.E.

City

Atlanta

State

GA

Zip Code

30342-3400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
White Electrical Construc-  
tion Company

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00514

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Patricia C. Duckett

Mailing Address 2010 Jimmy Durante Blvd. #106

City

Del Mar

State

CA

Zip Code

92014-0869

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00515

Amount of Each Receipt this Period

330.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Le Roy A. Duker

Mailing Address 531 Sunset Strip

City

Miami

State

OK

Zip Code

74354-9027

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00516

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

930.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Le Roy A. Dukes

Mailing Address 531 Sunset Strip

City

Miami

State

OK

Zip Code

74354-9027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: 2011M02L11AI00517

Amount of Each Receipt this Period

130.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Susan W. Dulin

Mailing Address 2405 County Road 501  
Pine River Ranch

City

Bayfield

State

CO

Zip Code

81122-9415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: 2011M02L11AI00518

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Keith Dunavant

Mailing Address 1937 Spinnaker Lane

City

Azle

State

TX

Zip Code

76020-4937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
C.V.S./CaremarkOccupation  
Business Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	1	1

Transaction ID: 2011M02L11AI00519

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1130.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 356 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert Bruce Duncan

Mailing Address 201 Cullen Street

City

Dewey Beach

State

DE

Zip Code

19971

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

**Transaction ID:** 2011M02L11AI00520

Amount of Each Receipt this Period

285.00

**B.**

Full Name (Last, First, Middle Initial)

Tiffany Duncan

Mailing Address 5715 S Kingston Rd

City

Springfield

State

MO

Zip Code

65804-5282

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ferreduncanclinic

Occupation  
Orthopedist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

**Transaction ID:** 2011M02L11AI00521

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert Holmes Dunlap

Mailing Address P.O. Box 720

City

Batesville

State

MS

Zip Code

38606-0720

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dunlap & Kyle Company, In-  
c.

Occupation  
C. E. O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

**Transaction ID:** 2011M02L11AI00522

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1535.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Sue S. Dunlap

Mailing Address 177 Dudley Road

City

Bedford

State

MA

Zip Code

01730-1083

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00523

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James D. Dunning, Jr.

Mailing Address 2 Sutton Place S.  
Apartment 17D

City

New York

State

NY

Zip Code

10022-3070

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Chairman/Media Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00524

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jason J. Dupuis

Mailing Address P.O. Box 1540

City

New York

State

NY

Zip Code

10101-1540

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Investor / Trader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.40

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI00525

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

825.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jason J. Dupuis

Mailing Address P.O. Box 1540

City

New York

State

NY

Zip Code

10101-1540

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Investor / Trader

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.40

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00526

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jason J. Dupuis

Mailing Address P.O. Box 1540

City

New York

State

NY

Zip Code

10101-1540

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Investor / Trader

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.40

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00527

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jason J. Dupuis

Mailing Address P.O. Box 1540

City

New York

State

NY

Zip Code

10101-1540

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Investor / Trader

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.40

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00528

Amount of Each Receipt this Period

86.40

**SUBTOTAL** of Receipts This Page (optional) .....

236.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. John F. Durbin

Mailing Address 1016 South Wayne Street  
 Apartment 112

City State Zip Code  
 Arlington VA 22204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00529

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Donald A. Durran

Mailing Address 325 Kempton Street #800

City State Zip Code  
 Spring Valley CA 91977

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI00530

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)  
 Ms. Carol A. Durst

Mailing Address 3640 Dragonfly Drive

City State Zip Code  
 Thousand Oaks CA 91360

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Los Angeles Rubber Company

Occupation  
 Business Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00531

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jerry M. Dwight

Mailing Address 1233 Chippewa Drive

City

Richardson

State

TX

Zip Code

75080

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00532

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard S. Dyer

Mailing Address 2428 Bermuda Hills Road

City

Columbia

State

SC

Zip Code

29223-6808

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dick Fyer & Associates In-  
c.

Occupation  
Toyota, Volvo, Mercedes Dealer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00533

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Susan H. Dyló

Mailing Address 3517 E. Rockledge Road

City

Phoenix

State

AZ

Zip Code

85044-7025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00534

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Leslie Eakins

Mailing Address 2240 W. University Drive  
 Apartment 307

City State Zip Code  
**Mesa AZ 85201**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Superior Technical Resources

Occupation  
Electronic Engineering Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 8 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00535**

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Carleton Cato Ealy

Mailing Address 3160 Devonshire Way

City State Zip Code  
**Germantown TN 38139-3331**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
International Paper Company

Occupation  
Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 0 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00536**

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Carleton Cato Ealy

Mailing Address 3160 Devonshire Way

City State Zip Code  
**Germantown TN 38139-3331**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
International Paper Company

Occupation  
Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 3 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00537**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

**700.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. J. Dixon Earley

Mailing Address 151 Old Ford Drive

City

Camp Hill

State

PA

Zip Code

17011-8399

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00538

Amount of Each Receipt this Period

285.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Alfred H. Ebert

Mailing Address 5123 Bayou Timber Lane

City

Houston

State

TX

Zip Code

77056-1401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00539

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Spencer F. Eccles

Mailing Address 4075 Oakview Drive

City

Salt Lake City

State

UT

Zip Code

84124-4043

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
First Security Corporation

Occupation  
Chairman/C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00540

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1785.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 363 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Ms. Dorothy J. Eckert

Mailing Address 7500 Jenny Lind Road  
Apartment 911City State Zip Code  
Fort Smith AR 72908-7770FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clinical PartnersOccupation  
Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00541

Amount of Each Receipt this Period

330.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Ann Edgar

Mailing Address 37418 Turnberry Isle Drive

City State Zip Code  
Palm Desert CA 92211FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00542

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Gloria L. Edgar

Mailing Address 1121 E. Meadow Wood Drive

City State Zip Code  
Covina CA 91724-3612FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00543

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

880.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 364 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Andrew W. Edmonds

Mailing Address P.O. Box 644000

City

Vero Beach

State

FL

Zip Code

32964-4000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	1	1

Transaction ID: 2011M02L11AI00544

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Joan M. Edmonds

Mailing Address 2600 Arlington Avenue  
Apartment 60

City

Birmingham

State

AL

Zip Code

35205-4160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HomemakerOccupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	1	/	2	0	1	1

Transaction ID: 2011M02L11AI00545

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David R. Edwards

Mailing Address P.O. Box 1031

City

Douglas

State

WY

Zip Code

82633-1031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	1

Transaction ID: 2011M02L11AI00546

Amount of Each Receipt this Period

270.00

SUBTOTAL of Receipts This Page (optional) .....

1020.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 365 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Dennis Edwards

Mailing Address 5605 Drexel Court

City

Midland

State

TX

Zip Code

79707-1999

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Total Electrical Service &  
Supply Comp

Occupation

President / C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI00547

Amount of Each Receipt this Period

275.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James B. Edwards

Mailing Address 100 Venning Street

City

Mount Pleasant

State

SC

Zip Code

29464-5323

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00548

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Raymond David Edwards

Mailing Address 110 La Cerra Drive

City

Rancho Mirage

State

CA

Zip Code

92270-3811

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00549

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1025.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 366 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William Eggar

Mailing Address 25 Preston Oaks Circle

City

Odessa

State

TX

Zip Code

79761-3525

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00550

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James Eggers

Mailing Address P.O. Box 3155

City

Kilgore

State

TX

Zip Code

75663-3155

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00551

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ricky Eisen

Mailing Address 145 W. 55Th Street

City

New York

State

NY

Zip Code

10019-5342

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
B.T.B. Events & Cel.

Occupation  
Event Planner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00552

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 367 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. M. Margaret Eisenman

Mailing Address 1690 46Th Avenue

City

Greeley

State

CO

Zip Code

80634-3286

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00553

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Sion Elalouf

Mailing Address 22 Longwood Road

City

Port Washington

State

NY

Zip Code

11050-1260

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Knitting Fever Inc.

Occupation  
Business Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00554

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Pamela Elardi

Mailing Address 809 Ville Franche Street

City

Las Vegas

State

NV

Zip Code

89145-8656

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00555

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1265.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 368 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Arthur Elefante

Mailing Address 99-349 Uwau Drive

City	State	Zip Code
Aiea	HI	96701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Camber CorporationOccupation  
Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	1	1

Transaction ID: 2011M02L11AI00556

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Lorraine Eliason

Mailing Address 10306 Colorado Road S.

City	State	Zip Code
Bloomington	MN	55438-1844

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	1		2	0	1	1

Transaction ID: 2011M02L11AI00557

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Robert B. Elliot

Mailing Address 553 Pond Reef Road

City	State	Zip Code
Ward Cove	AK	99928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	1

Transaction ID: 2011M02L11AI00558

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1470.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 369 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mrs. Marianne T. Endicott

Mailing Address 19 Stratton Place

City

Grosse Pointe

State

MI

Zip Code

48236-1771

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Mary Kay Cosmetics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	1

Transaction ID: 2011M02L11AI00559

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. See Suey Eng

Mailing Address 2873 E. Country Lake Road

City

Arlington Heights

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	1

Transaction ID: 2011M02L11AI00560

Amount of Each Receipt this Period

260.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Carl D. Engel

Mailing Address 131 Steeplechurch Court

City

Huntsville

State

AL

Zip Code

35806-4073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Qualls Corporation

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	1	1

Transaction ID: 2011M02L11AI00561

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1010.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 370 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Roger P. English

Mailing Address 1 Mc Knight Place  
 Apartment 463

City State Zip Code  
 Saint Louis MO 63124-1980

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00562

Amount of Each Receipt this Period

310.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Keith C. Erickson

Mailing Address 10267 E. Whispering Wind Drive

City State Zip Code  
 Scottsdale AZ 85255

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00563

Amount of Each Receipt this Period

335.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael Erspamer

Mailing Address 4216 Lakeway Blvd.

City State Zip Code  
 Austin TX 78734

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00564

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

895.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 371 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert F. Escudero

Mailing Address 26 Conejo Circle

City

Palm Desert

State

CA

Zip Code

92260-0380

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: 2011M02L11AI00565

Amount of Each Receipt this Period

285.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael P. Esposito, Jr.

Mailing Address P.O. Box 8908

City

Longboat Key

State

FL

Zip Code

34228-8908

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	1

Transaction ID: 2011M02L11AI00566

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Patricia Ann Estes

Mailing Address 2000 W. Tennessee Avenue

City

Midland

State

TX

Zip Code

79701-5931

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self-EmployedOccupation  
Cattle/Oil

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	1	/	2	0	1	1

Transaction ID: 2011M02L11AI00567

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1785.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 372 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Cleo Evans

Mailing Address P.O. Box 9

City

Maywood

State

CA

Zip Code

90270-0009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Evans Dedicated Systems

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00568

Amount of Each Receipt this Period

245.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David B. Evans

Mailing Address 305 Spalding Gates Court N.E.

City

Sandy Springs

State

GA

Zip Code

30328-1459

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Marketing Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00569

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Donald C. Evans

Mailing Address P.O. Box 43

City

Ash

State

NC

Zip Code

28420-0043

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coastal Insurance

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00570

Amount of Each Receipt this Period

210.00

**SUBTOTAL** of Receipts This Page (optional) .....

680.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 373 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. John R. Evans

Mailing Address 280 Monastery Hill Drive

City	State	Zip Code
Oconomowoc	WI	53066-1524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	1

Transaction ID: 2011M02L11AI00571

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Glenda Everard

Mailing Address 15824 S.E. 296Th Street

City	State	Zip Code
Kent	WA	98042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	1

Transaction ID: 2011M02L11AI00572

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Hartwell Everett

Mailing Address 17 Sylvester Court

City	State	Zip Code
Norwalk	CT	06855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	1	1

Transaction ID: 2011M02L11AI00573

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional) .....

675.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 374 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Hartwell Everett

Mailing Address 17 Sylvester Court

City State Zip Code  
Norwalk CT 06855

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00574

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Frank J. Ewasyshyn

Mailing Address 5545 Murfield Drive

City State Zip Code  
Rochester MI 48306-2378

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00575

Amount of Each Receipt this Period

1005.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. G. Richard Eykamp

Mailing Address P.O. Box 4915

City State Zip Code  
Evansville IN 47724-0915

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Med States Rubber Corpora-  
tion

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00576

Amount of Each Receipt this Period

800.00

**SUBTOTAL** of Receipts This Page (optional) .....

1930.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 375 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. William Ezzell

Mailing Address 5187 37Th Road N.

City

Arlington

State

VA

Zip Code

22207-1825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Deloite L.L.P.Occupation  
C.P.A.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	1

Transaction ID: 2011M02L11AI00577

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. E. Brad Fagan

Mailing Address 1002 Carrington Terrace

City

Joplin

State

MO

Zip Code

64804-3692

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fagan Electric Company,  
Inc.Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	1	/	2	0	1	1

Transaction ID: 2011M02L11AI00578

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard E. Falconi

Mailing Address 14 Newton Street

City

Southborough

State

MA

Zip Code

01772-1215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	1	1

Transaction ID: 2011M02L11AI00579

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 376 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael B. Farley

Mailing Address 1417 Hillside Drive

City

Cherry Hill

State

NJ

Zip Code

08003-3501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
A.O.N. Risk Services

Occupation

Financial Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00580

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles Roy Farmer, Jr.

Mailing Address 9802 Winding Ridge Drive

City

Dallas

State

TX

Zip Code

75238-1458

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00581

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Roy Farmer

Mailing Address 120 Dunwoody Creek Court

City

Atlanta

State

GA

Zip Code

30350-4318

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired From Ups

Occupation

Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00582

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 377 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ben Farner

Mailing Address 24558 S. Melissa Drive

City

**Detroit Lakes**

State

**MN**

Zip Code

**56501**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**01 / 06 / 2011**

**Transaction ID: 2011M02L11AI00583**

Amount of Each Receipt this Period

**250.00**

**B.**

Full Name (Last, First, Middle Initial)

Ms. Ann V. Farr

Mailing Address 1120 E. Huffman Road  
P.M.B. 596

City

**Anchorage**

State

**AK**

Zip Code

**99515-3516**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**360.00**

Date of Receipt

**01 / 18 / 2011**

**Transaction ID: 2011M02L11AI00584**

Amount of Each Receipt this Period

**360.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jamie Farr

Mailing Address 53 Ranchero Road

City

**Bell Canyon**

State

**CA**

Zip Code

**91307-1032**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Actor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**01 / 04 / 2011**

**Transaction ID: 2011M02L11AI00585**

Amount of Each Receipt this Period

**125.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**735.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 378 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Jamie Farr

Mailing Address 53 Ranchero Road

City

Bell Canyon

State

CA

Zip Code

91307-1032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Actor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00586

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Mr. James Farris

Mailing Address 205 Blue Creek Circle

City

Sherman

State

TX

Zip Code

75090-3333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00587

Amount of Each Receipt this Period

205.00

C.

Full Name (Last, First, Middle Initial)

Mr. H. M. Favrot, Jr.

Mailing Address P.O. Box 8752

City

Metairie

State

LA

Zip Code

70011-8752

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00588

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional) .....

605.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 379 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. A. P. Federbush

Mailing Address 1020 5Th Avenue

City

New York

State

NY

Zip Code

10028-0133

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Varick Realty Corp.Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	1

Transaction ID: 2011M02L11AI00589

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lloyd Fehr

Mailing Address 19 Riverview Drive

City

Morris

State

MN

Zip Code

56267

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self-EmployedOccupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	1

Transaction ID: 2011M02L11AI00590

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Jan E. Fehrenbacher

Mailing Address 27 Westminster Drive

City

Lincoln

State

IL

Zip Code

62656

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	1		2	0	1	1

Transaction ID: 2011M02L11AI00591

Amount of Each Receipt this Period

340.00

SUBTOTAL of Receipts This Page (optional) .....

890.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 380 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William C. Feldbaumer

Mailing Address 675 Airport Road

City

Lehighton

State

PA

Zip Code

18235-9308

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00592

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Russell Fenoglio

Mailing Address P.O. Box 188

City

Nocona

State

TX

Zip Code

76255-9803

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00593

Amount of Each Receipt this Period

330.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Jane D. Ferger

Mailing Address 5094 Jones Lodging

City

Retoskey

State

MI

Zip Code

49770

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00594

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3080.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 381 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Clyde A. Ferreira

Mailing Address 1184 Segolily Lane

City

Lincoln

State

CA

Zip Code

95648-8119

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00595

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Clyde A. Ferreira

Mailing Address 1184 Segolily Lane

City

Lincoln

State

CA

Zip Code

95648-8119

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00596

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Lynn Ferron

Mailing Address 161 Lowell Court

City

Bloomfield Hills

State

MI

Zip Code

48304-3546

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00597

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 382 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth Fibus

Mailing Address 42 Redfern Drive

City

Youngstown

State

OH

Zip Code

44505-1663

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Steel City Corporation

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00598

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Rose Ficarrotta

Mailing Address 1540 York Avenue  
Apartment 12K

City

New York

State

NY

Zip Code

10028-5965

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00599

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Luke Fichthorn

Mailing Address 430 Coconut Palm Rd

City

Vero Beach

State

FL

Zip Code

32963

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00600

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

915.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 383 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Merrill R. Fie

Mailing Address 3030 E. Bates Avenue

City

Denver

State

CO

Zip Code

80210-6415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Deep Rock Water Company

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00601

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jack Files

Mailing Address P.O. Box 322

City

El Cajon

State

CA

Zip Code

92022-0322

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00602

Amount of Each Receipt this Period

550.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Muriel A. Finn

Mailing Address 8701 Midnight Pass Road  
Apartment 307A

City

Sarasota

State

FL

Zip Code

34242-2877

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00603

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

The Honora Mario P. Fiori

Mailing Address 7385 Belleflower Drive

City

Springfield

State

VA

Zip Code

22152

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00604

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gary Fish

Mailing Address 201 W. Plymouth Street

City

Jefferson

State

WI

Zip Code

53549-1834

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00605

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jerome M. Fisher

Mailing Address 15 Bayside Drive

City

Madison

State

WI

Zip Code

53704-5901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00606

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Patricia Fisher

Mailing Address P.O. Box 808

City

Big Horn

State

WY

Zip Code

82833

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00607

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Benigno R. Fitial

Mailing Address P.O. Box 5203

City

Saipan

State

MP

Zip Code

96950-5203

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cnmi Government

Occupation  
Governor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00608

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Avelyn B. Fitte

Mailing Address 2807 W Busch Blvd. Ste 101

City

Tampa

State

FL

Zip Code

33618

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00609

Amount of Each Receipt this Period

305.00

**SUBTOTAL** of Receipts This Page (optional) .....

805.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Edward P. Fitts

Mailing Address 353 Fairview Road

City

East Fallowfield

State

PA

Zip Code

19320-2503

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dopaco, Inc.

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00610

Amount of Each Receipt this Period

415.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Francis Fitzgerald

Mailing Address 1400 Trotters Lane

City

Williamston

State

MI

Zip Code

48895-8720

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Eli Lilly & Company

Occupation  
Manager, Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00611

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. J. Gary Fitzgerald

Mailing Address 3751 Harper Street

City

Houston

State

TX

Zip Code

77005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00612

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional) .....

890.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Norman Fitzgerald

Mailing Address 8727 Canaan Court

City  
**Lorton**

State  
**VA**

Zip Code  
**22079-3028**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Fairfax Water

Occupation  
 Land Surveyor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**420.00**

Date of Receipt

**01 / 31 / 2011**

**Transaction ID: 2011M02L11AI00613**

Amount of Each Receipt this Period

**220.00**

**B.**

Full Name (Last, First, Middle Initial)

Norman Fitzgerald

Mailing Address 8727 Canaan Court

City  
**Lorton**

State  
**VA**

Zip Code  
**22079-3028**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Fairfax Water

Occupation  
 Land Surveyor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**420.00**

Date of Receipt

**01 / 31 / 2011**

**Transaction ID: 2011M02L11AI00614**

Amount of Each Receipt this Period

**200.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. Neil O. Fletcher

Mailing Address 179 Meadow Knoll Road

City  
**Lewisville**

State  
**TX**

Zip Code  
**75077-8422**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
 Concessionaire

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**270.00**

Date of Receipt

**01 / 18 / 2011**

**Transaction ID: 2011M02L11AI00615**

Amount of Each Receipt this Period

**270.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**690.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 388 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Warren F. Florkiewicz

Mailing Address 9760 E. Pinnacle Vista Drive  
Foam Fabricators, Inc.

City State Zip Code  
**Scottsdale AZ 85262-8431**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Foam Fabricators, Inc.

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 8 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00616**

Amount of Each Receipt this Period

1140.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Constance J. Floyd

Mailing Address 595 Widgeon Lane N.W.

City State Zip Code  
**Atlanta GA 30327**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 3 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00617**

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Monroe Floyd

Mailing Address 3718 Farwell Drive

City State Zip Code  
**Amarillo TX 79109-4040**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.50

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 0 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00618**

Amount of Each Receipt this Period

254.50

**SUBTOTAL** of Receipts This Page (optional) .....

**1894.50**

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey L. Forbes

Mailing Address 114 N.W. 7Th Street

City	State	Zip Code
Delray Beach	FL	33444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: 2011M02L11AI00619

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Allen H. Ford

Mailing Address 1890 East 107th Street  
Apartment 905

City	State	Zip Code
Cleveland	OH	44106-2252

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	1

Transaction ID: 2011M02L11AI00620

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John H. Ford

Mailing Address 1202 Lakewood Drive

City	State	Zip Code
Greensboro	NC	27410-4440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	1	/	2	0	1	1

Transaction ID: 2011M02L11AI00621

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

5550.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Dan Fordice

Mailing Address 2500 Dana Road

City

Vicksburg

State

MS

Zip Code

39180

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00622

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Maurice E Foresman

Mailing Address 1408 E. Maplewood Court

City

Littleton

State

CO

Zip Code

80121-2400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
A.S.I.

Occupation  
General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00623

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Vincent Forte

Mailing Address 112 South Look Lane

City

Eatonton

State

GA

Zip Code

31024-5412

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00624

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michel J. Fortier

Mailing Address 501 Whispering Wind Circle

City State Zip Code  
**Conway AR 72034**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 9 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00625**

Amount of Each Receipt this Period

1020.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Robin Foskey

Mailing Address 130 Lone Pine Pl

City State Zip Code  
**Southern Pines NC 28387-7600**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rdr, Inc

Occupation  
Intelligence Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 3 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00626**

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jon Foss

Mailing Address 19765 Chartwell HI

City State Zip Code  
**Excelsior MN 55331-7019**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Foss

Occupation  
Ceo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 2 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00627**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1570.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 392 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Arthur Foster

Mailing Address 17050 E. Hinsdale Avenue

City

Foxfield

State

CO

Zip Code

80016-1614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: 2011M02L11AI00628

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gregory B. Foster

Mailing Address 2569 N. Clark Drive

City

Atlanta

State

GA

Zip Code

30344-2340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Woodward AcademyOccupation  
Purchasing Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: 2011M02L11AI00629

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gregory B. Foster

Mailing Address 2569 N. Clark Drive

City

Atlanta

State

GA

Zip Code

30344-2340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Woodward AcademyOccupation  
Purchasing Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: 2011M02L11AI00630

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 393 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard H. Foster, Sr.

Mailing Address 12811 Cabezut Road  
 #203W

City State Zip Code  
 Sonora CA 95370

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00631

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Scott Foster

Mailing Address 5462 W. Geddes Pl

City State Zip Code  
 Littleton CO 80128-4961

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Foster & Associates, L.L.-  
C.

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI00632

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Linda Fox

Mailing Address 506 Lajitas Drive

City State Zip Code  
 Midland TX 79707

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00633

Amount of Each Receipt this Period

450.00

**SUBTOTAL** of Receipts This Page (optional) .....

920.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 394 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. William A. Frack, Jr.

Mailing Address 24 Dockside Lane

City

Key Largo

State

FL

Zip Code

33037-5267

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: 2011M02L11AI00634

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joshua L. Francis

Mailing Address 1806 Rosedale Street

City

Houston

State

TX

Zip Code

77004-5631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TorqLiteOccupation  
Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: 2011M02L11AI00635

Amount of Each Receipt this Period

330.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Phillip Francis

Mailing Address 256 Aqua Court

City

Naples

State

FL

Zip Code

34102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	1

Transaction ID: 2011M02L11AI00636

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional) .....

930.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 395 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert E. Francis

Mailing Address 310 Plantation Road

City

Palm Beach

State

FL

Zip Code

33480-3415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00637

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Billy E. Frank

Mailing Address 1424 Countryside Bend

City

Fredericksbrg

State

TX

Zip Code

78624-9757

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00638

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David H. Frank

Mailing Address P.O. Box C.

City

Eastport

State

ME

Zip Code

04631

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
C.P.A.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00639

Amount of Each Receipt this Period

330.00

**SUBTOTAL** of Receipts This Page (optional) .....

1630.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 396 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Kimberly Weber Frank

Mailing Address 6109 East 105Th Street

City State Zip Code  
**Tulsa OK 74137**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 7 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00640**

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Kimberly Weber Frank

Mailing Address 6109 East 105Th Street

City State Zip Code  
**Tulsa OK 74137**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 6 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00641**

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Werner Louis Frank

Mailing Address 4363 Park Milano

City State Zip Code  
**Calabasas CA 91302-1658**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 8 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00642**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

**650.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 397 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Werner Louis Frank

Mailing Address 4363 Park Milano

City

Calabasas

State

CA

Zip Code

91302-1658

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00643

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Arnold F. Frankel

Mailing Address 29 Vista Tramonto

City

Newport Coast

State

CA

Zip Code

92657-1402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00644

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Dawn Franz

Mailing Address 3980 Baughman Grant

City

New Albany

State

OH

Zip Code

43054

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00645

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 398 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Leon G. Frazier, Jr.

Mailing Address 705 Font Street

City

Beaufort

State

NC

Zip Code

28516-2229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00646

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Nancy B. Frazier

Mailing Address 1434 Punahou Street  
Apartment 1227

City

Honolulu

State

HI

Zip Code

96822-4748

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00647

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Nancy B. Frazier

Mailing Address 1434 Punahou Street  
Apartment 1227

City

Honolulu

State

HI

Zip Code

96822-4748

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00648

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 399 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Veanell Free

Mailing Address 555 Freeman Road #230

City State Zip Code  
**Central Point OR 97502**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00649**

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Moore Freeman

Mailing Address 120 Chasnell Road

City State Zip Code  
**Richmond VA 23236-2707**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 8 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00650**

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William Doyle Freeman

Mailing Address P.O. Box 506

City State Zip Code  
**Coweta OK 74429-0506**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
F.P.I. Ink

Occupation  
Chairman of the Board

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 0 3 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00651**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

**850.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 400 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Fredric S. Freund

Mailing Address 47 Kearny Street

City

San Francisco

State

CA

Zip Code

94108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Manford Freud & Company

Occupation

Commercial Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	1

Transaction ID: 2011M02L11AI00652

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Barry S. Friedberg

Mailing Address 134 E. 71st Street

City

New York

State

NY

Zip Code

10021-5011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Friedberg Milstein

Occupation

Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	1	1

Transaction ID: 2011M02L11AI00653

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Fritch

Mailing Address 915 Pontiac Avenue

City

Lafayette

State

IN

Zip Code

47905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	1

Transaction ID: 2011M02L11AI00654

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

1300.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 401 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. John R. Frizier

Mailing Address P. O. Box 401

City

Newberry

State

SC

Zip Code

29108-0401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
John R. Frizier, Inc.Occupation  
Forester

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: 2011M02L11AI00655

Amount of Each Receipt this Period

385.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert L. Frost

Mailing Address P.O. Box 49348

City

Charlotte

State

NC

Zip Code

28277-0077

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: 2011M02L11AI00656

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert G. Frucht

Mailing Address 33 Cedar Road

City

East Northport

State

NY

Zip Code

11731-4031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Crowell & MoringOccupation  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	1

Transaction ID: 2011M02L11AI00657

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1635.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 402 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Jeryl R. Fry, Jr.

Mailing Address 12495 N. West Lane

City State Zip Code  
**Lodi CA 95240**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

**01 / 21 / 2011**

**Transaction ID: 2011M02L11AI00658**

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert G. Fuller, Jr.

Mailing Address 79 Maple Ridge Drive

City State Zip Code  
**Winthrop ME 04364-3427**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Private Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**01 / 21 / 2011**

**Transaction ID: 2011M02L11AI00660**

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Reginald H. Fullerton, Jr.

Mailing Address 3 Everett Avenue

City State Zip Code  
**Westerly RI 02891-5737**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

**01 / 10 / 2011**

**Transaction ID: 2011M02L11AI00661**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**970.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 403 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Reginald H. Fullerton, Jr.

Mailing Address 3 Everett Avenue

City

Westerly

State

RI

Zip Code

02891-5737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00662

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gaston H. Gage

Mailing Address 401 S. Tryon Street  
Suite 3000

City

Charlotte

State

NC

Zip Code

28202-1934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00663

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David A Galbraith

Mailing Address 79 West Mountain Rd.

City

West Simsbury

State

CT

Zip Code

06092-2307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Connecticut Maxillofacial  
Surg

Occupation  
Manager/Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00664

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

570.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 404 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mrs. Charlotte Gale

Mailing Address 566 Caber Ct

City

Santa Rosa

State

CA

Zip Code

95409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alpha Fire Suppression Systems, Inc.Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	1

Transaction ID: 2011M02L11AI00665

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Gallagher

Mailing Address 16940 Bay Street  
Apartment 507

City

Jupiter

State

FL

Zip Code

33477

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	1		2	0	1	1

Transaction ID: 2011M02L11AI00666

Amount of Each Receipt this Period

255.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Patrick J. Gallagher

Mailing Address 25 Judson Circle

City

Orange Park

State

FL

Zip Code

32073-3001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	1

Transaction ID: 2011M02L11AI00667

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

805.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 405 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Fred Gallo

Mailing Address P.O. Box 29726

City

San Juan

State

PR

Zip Code

00929-0726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

General Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	1	1

Transaction ID: 2011M02L11AI00668

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James D. Galloway, Jr.

Mailing Address P.O. Box 66

City

Rock Hill

State

SC

Zip Code

29731-6066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
People's First Insurance

Occupation

Real Estate Developer &amp; Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	3	/	2	0	1	1

Transaction ID: 2011M02L11AI00669

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Louise R. Galt

Mailing Address 2334 Montana Highway 294

City

Martinsdale

State

MT

Zip Code

59053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	4	/	2	0	1	1

Transaction ID: 2011M02L11AI00670

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 406 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Esar Gangadin

Mailing Address 53 Ottavio Promenade

City

Staten Island

State

NY

Zip Code

10307

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00671

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Esar Gangadin

Mailing Address 53 Ottavio Promenade

City

Staten Island

State

NY

Zip Code

10307

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00672

Amount of Each Receipt this Period

101.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert T. Gannett

Mailing Address 619 Pleasant Valley Road

City

Brattleboro

State

VT

Zip Code

05301-8828

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00673

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

451.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 407 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert T. Gannett

Mailing Address 619 Pleasant Valley Road

City

Brattleboro

State

VT

Zip Code

05301-8828

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00674

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Jackie Garbarino

Mailing Address 1501 Golf Course Road

City

Newport

State

TN

Zip Code

37821-7151

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Family Practice Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00675

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Lawrence A. Garcia

Mailing Address 51 Saint Paul Street #3

City

Brookline

State

MA

Zip Code

02446

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Harvard Medical Faculty  
Physicians

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00676

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 408 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph W.F. Gardiner

Mailing Address 2222 Avenue Of The Stars  
Unit 2706

City State Zip Code  
**Los Angeles CA 90067-5650**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 0 6 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00677**

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Edward E. Gardner

Mailing Address 801 Gillaspie Drive  
Apartment 270

City State Zip Code  
**Boulder CO 80305**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 8 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00678**

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Rakesh Garg

Mailing Address 4231 Progress Blvd.

City State Zip Code  
**Peru IL 61354**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
M.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 3 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00679**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**690.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 409 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Cicero Garner

Mailing Address 6400 South Lagoon Dr

City

Panama City Beach

State

FL

Zip Code

32408

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation

Investor/Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00680

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Garry C. Garner

Mailing Address 10678 S. and G. Circle Lane

City

Harvey

State

AR

Zip Code

72841

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00681

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Kay Garner

Mailing Address 6404 Bayberry Street

City

Oak Park

State

CA

Zip Code

91377-1205

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00682

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

610.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 410 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Kay Garner

Mailing Address 6404 Bayberry Street

City

Oak Park

State

CA

Zip Code

91377-1205

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00683

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Phillip Garrett

Mailing Address 117 Fairgrounds Blvd.

City

Bush

State

LA

Zip Code

70431-2306

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00684

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bob Garthwait Jr

Mailing Address P.O. Box 1367

City

Waterbury

State

CT

Zip Code

06721

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cly-De Mfg. Company

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00685

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 411 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Ms. Shirley Garvey</p> <p>Mailing Address 1729 Carleton Avenue</p> <p>City State Zip Code Fort Worth TX 76107-3857</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self-Employed</p> <p>Occupation Self-Employed</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt  M M / D D / Y Y Y Y  0 1 / 1 9 / 2 0 1 1</p> <p><b>Transaction ID:</b> 2011M02L11AI00686</p> <p>Amount of Each Receipt this Period 500.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Anthony Garza</p> <p>Mailing Address 6900 20Th St. S.</p> <p>City State Zip Code St Petersburg FL 33712-5964</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer L.M.S. Ship Management</p> <p>Occupation Chief Engineer</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt  M M / D D / Y Y Y Y  0 1 / 0 5 / 2 0 1 1</p> <p><b>Transaction ID:</b> 2011M02L11AI00687</p> <p>Amount of Each Receipt this Period 500.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Ms. Luda Gashenko</p> <p>Mailing Address 2247 Sorbus Way</p> <p>City State Zip Code Anchorage AK 99508-4051</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Clippership Motorhome</p> <p>Occupation President</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 480.00</p>	<p>Date of Receipt  M M / D D / Y Y Y Y  0 1 / 2 0 / 2 0 1 1</p> <p><b>Transaction ID:</b> 2011M02L11AI00688</p> <p>Amount of Each Receipt this Period 125.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional) ..... ►</p> <p><b>TOTAL</b> This Period (last page this line number only) ..... ►</p>	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 412 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Ms. Luda Gashenko

Mailing Address 2247 Sorbus Way

City

Anchorage

State

AK

Zip Code

99508-4051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clippership MotorhomeOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	1	1

Transaction ID: 2011M02L11AI00689

Amount of Each Receipt this Period

355.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Jamie B. Gates

Mailing Address 794 Cypress Lake Circle

City

Fort Myers

State

FL

Zip Code

33919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Author/Dietitian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: 2011M02L11AI00690

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joseph F. Gatt

Mailing Address 105 Jefferson Run Road

City

Great Falls

State

VA

Zip Code

22066-3227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Interel Telecoms Group,  
Inc.Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: 2011M02L11AI00691

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1105.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 413 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. R. Samantha Gayhart

Mailing Address 307 Hickory Hill Road

City

Chagrin Falls

State

OH

Zip Code

44022-2811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Engineer Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	1

Transaction ID: 2011M02L11AI00692

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Guilford W. Gaylord

Mailing Address 1 Chase Manhattan Plaza  
Floor 47

City

New York

State

NY

Zip Code

10005-1418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	1

Transaction ID: 2011M02L11AI00693

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Brad C Gehrke

Mailing Address 715 6th NW Apt 1103

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. Dairy Export Council

Occupation

Economist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	1

Transaction ID: 2011M02L11AI00694

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

1020.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 414 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stanley L. Gendler

Mailing Address 1100 Alta Loma Road  
 Apartment 1503

City State Zip Code  
**Los Angeles CA 90069-2441**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 8 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00695**

Amount of Each Receipt this Period

450.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. June H. Geneen

Mailing Address 180 Beacon Street #2G

City State Zip Code  
**Boston MA 02116**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 9 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00696**

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Frank Genzer, Jr.

Mailing Address 145 Saint Jude Street

City State Zip Code  
**Biloxi MS 39530-3602**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 0 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00697**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 415 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Michael J. George

Mailing Address 1620 John Street S.

City State Zip Code  
**Salem OR 97302**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Salem Radiology Consultan-  
ts

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**01 / 18 / 2011**

**Transaction ID: 2011M02L11AI00698**

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John T. Gero

Mailing Address 4833 Cypress Woods Drive  
 Apartment 4204

City State Zip Code  
**Orlando FL 32811-3534**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lockheed Martin

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

**01 / 19 / 2011**

**Transaction ID: 2011M02L11AI00699**

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Shayle J Gerstein

Mailing Address 9655 Woods Dr--1403

City State Zip Code  
**Skokie IL 60077-4418**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**01 / 13 / 2011**

**Transaction ID: 2011M02L11AI00700**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**775.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 416 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gary R. Gibbs

Mailing Address 1169 Rock Creek Road

City

Hot Springs Nation

State

AR

Zip Code

71913-9282

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00701

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Susan Gibbs

Mailing Address 410 Lee Lane

City

Vidor

State

TX

Zip Code

77662-4283

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00702

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Lois Gilbert

Mailing Address 931 Big Creek Road

City

Otto

State

NC

Zip Code

28763-9540

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00703

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 417 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Susan Giles

Mailing Address 1941 E. Branch Hollow Drive

City State Zip Code  
**Carrollton TX 75007-1501**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**01 / 11 / 2011**

**Transaction ID: 2011M02L11AI00704**

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William Y. Giles

Mailing Address 1755 Cedar Lane

City State Zip Code  
**Villanova PA 19085-2018**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Phillies Baseball Team

Occupation  
Baseball Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**01 / 13 / 2011**

**Transaction ID: 2011M02L11AI00705**

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Janet K. Gilkey

Mailing Address 4333 Cobblestone Place N.E.

City State Zip Code  
**Albuquerque NM 87109**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

**01 / 06 / 2011**

**Transaction ID: 2011M02L11AI00706**

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

**1775.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 418 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. William J. Gillespie

Mailing Address 130 Irvine Cove Place

City

Laguna Beach

State

CA

Zip Code

92651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2475.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: 2011M02L11AI00707

Amount of Each Receipt this Period

2475.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Judith Gillette

Mailing Address P.O. Box 97

City

Stone Lake

State

WI

Zip Code

54876

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	1	1

Transaction ID: 2011M02L11AI00708

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Judith Gillette

Mailing Address P.O. Box 97

City

Stone Lake

State

WI

Zip Code

54876

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: 2011M02L11AI00709

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional) .....

2825.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 419 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Ms. Gladys H. Gilmartin

Mailing Address 42 Bellevue Road

City

Wellesley Hills

State

MA

Zip Code

02481-1311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: 2011M02L11AI00710

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Reed Gilmore

Mailing Address 330 S. 89Th Court

City

Omaha

State

NE

Zip Code

68114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	1	1

Transaction ID: 2011M02L11AI00711

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Charles B. Ginden

Mailing Address 866 Carlton Ridge N.E.

City

Atlanta

State

GA

Zip Code

30342-4340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	1	1

Transaction ID: 2011M02L11AI00712

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

2250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 420 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Duane E Gingerich

Mailing Address 9 Japonica Dr.  
 P.O. 62

City State Zip Code  
 Lititz PA 17543

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Badorf Shoe Co., Inc.

Occupation  
 President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 3 1 / 2 0 1 1

**Transaction ID:** 2011M02L11AI00713

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. James A. Girdler

Mailing Address 3350 E. Highway 452

City State Zip Code  
 Eubank KY 42567-7733

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 4 / 2 0 1 1

**Transaction ID:** 2011M02L11AI00714

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mrs. Bettie Girling

Mailing Address 2501 El Greco Cove

City State Zip Code  
 Austin TX 78703-1510

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Homemaker

Occupation  
 Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 4 / 2 0 1 1

**Transaction ID:** 2011M02L11AI00715

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1720.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 421 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. D. Wayne Gittinger

Mailing Address 1420 5Th Avenue  
Suite 4100

City State Zip Code  
**Seattle WA 98101-2375**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lane Powell, P.C.

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 3 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00716**

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. D. Wayne Gittinger

Mailing Address 1420 5Th Avenue  
Suite 4100

City State Zip Code  
**Seattle WA 98101-2375**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lane Powell, P.C.

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 3 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00717**

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David M. Glagovsky

Mailing Address 4501 31St Street S.  
Apartment 204

City State Zip Code  
**Arlington VA 22206-4900**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 9 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00718**

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

**675.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 422 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Joan R. Glass

Mailing Address 7255 Algonquin Drive

City

Cincinnati

State

OH

Zip Code

45243-3513

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00719

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John P. Glass, III

Mailing Address 51 Ruffled Feathers Drive

City

Lemont

State

IL

Zip Code

60439-7753

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Illco, Inc.

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI00720

Amount of Each Receipt this Period

265.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert L. Glasscock

Mailing Address P.O. Box 340

City

Greenville

State

AL

Zip Code

36037-0340

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Printing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00721

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

765.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Gerald J. Glasser

Mailing Address P.O. Box 206

City

Garwood

State

NJ

Zip Code

07027-0206

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00722

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Avelyn B. Glauberger

Mailing Address 6065 Roswell Rd., NE #3300

City

Atlanta

State

GA

Zip Code

30328

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Realtor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00723

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. E. G. Glenn, Jr.

Mailing Address 4921 Highway 58

City

Chattanooga

State

TN

Zip Code

37416-1845

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ace Hardware

Occupation  
Merchant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00724

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Randal Glick

Mailing Address 5187 Thames Court

City

Jackson

State

MI

Zip Code

49201-8356

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Alro Steel Corporation

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00725

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Earnest F. Gloyna

Mailing Address 4100 Jackson Avenue  
Apartment 305

City

Austin

State

TX

Zip Code

78731-6069

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI00726

Amount of Each Receipt this Period

330.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Lois Goas

Mailing Address 5 Lichen Lane

City

Bluffton

State

SC

Zip Code

29909

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI00727

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

1605.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Bemis V. Godfrey</p> <p>Mailing Address 150 Broadway Street Suite 231</p> <p>City State Zip Code New Orleans LA 70118-7617</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>	<p>Date of Receipt  M M / D D / Y Y Y Y Y  0 1 / 0 7 / 2 0 1 1</p> <p>Transaction ID: 2011M02L11AI00728</p> <p>Amount of Each Receipt this Period 110.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Bemis V. Godfrey</p> <p>Mailing Address 150 Broadway Street Suite 231</p> <p>City State Zip Code New Orleans LA 70118-7617</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>	<p>Date of Receipt  M M / D D / Y Y Y Y Y  0 1 / 1 2 / 2 0 1 1</p> <p>Transaction ID: 2011M02L11AI00729</p> <p>Amount of Each Receipt this Period 100.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Joseph M. Goecke</p> <p>Mailing Address 12848 Eagle Run Drive</p> <p>City State Zip Code Omaha NE 68164-4229</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 230.00</p>	<p>Date of Receipt  M M / D D / Y Y Y Y Y  0 1 / 1 8 / 2 0 1 1</p> <p>Transaction ID: 2011M02L11AI00730</p> <p>Amount of Each Receipt this Period 230.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p>440.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas J. Goeman

Mailing Address P.O. Box 6189

City

**Diamondhead**

State

**MS**

Zip Code

**39525-6003**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**01 / 10 / 2011**

**Transaction ID: 2011M02L11AI00731**

Amount of Each Receipt this Period

**300.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. Henry K. Goetzman

Mailing Address 4828 27Th Place N.

City

**Arlington**

State

**VA**

Zip Code

**22207-2710**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**01 / 31 / 2011**

**Transaction ID: 2011M02L11AI00732**

Amount of Each Receipt this Period

**250.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. Walter Goff

Mailing Address 2347 Sapphire Lane

City

**East Lansing**

State

**MI**

Zip Code

**48823**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**330.00**

Date of Receipt

**01 / 25 / 2011**

**Transaction ID: 2011M02L11AI00733**

Amount of Each Receipt this Period

**330.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**880.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Edward F. Goin

Mailing Address 14 S. Lake Shore Drive

City

Brookfield

State

CT

Zip Code

06804-1430

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00734

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William R. Goldammer

Mailing Address P.O. Box 706

City

Fish Creek

State

WI

Zip Code

54212-0706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00735

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert C. Goldsmith

Mailing Address 209 15Th Street

City

Manhattan Beach

State

CA

Zip Code

90266-4603

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00736

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 428 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. David Goltz

Mailing Address 3724 Larkspur Drive

City

Loveland

State

CO

Zip Code

80538

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: 2011M02L11AI00737

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Daniel J. Good

Mailing Address 1211 Lake Road

City

Lake Forest

State

IL

Zip Code

60045-1421

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Good Capital Co.

Occupation  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI00738

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert U. Goodman

Mailing Address 4400 Glen Iris Blvd.

City

Shreveport

State

LA

Zip Code

71101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI00739

Amount of Each Receipt this Period

240.00

**SUBTOTAL** of Receipts This Page (optional) .....

890.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert Truman Goodwin

Mailing Address 239 Derosa Drive

City

Hampton

State

VA

Zip Code

23666-5684

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Department Of Defense

Occupation  
Auditor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00740

Amount of Each Receipt this Period

180.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Truman Goodwin

Mailing Address 239 Derosa Drive

City

Hampton

State

VA

Zip Code

23666-5684

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Department Of Defense

Occupation  
Auditor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00741

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Dixie L. Goolsby

Mailing Address 737 S. Rosemary Drive

City

Bryan

State

TX

Zip Code

77802-4334

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00742

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

490.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 430 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mrs. Dixie L. Goolsby

Mailing Address 737 S. Rosemary Drive

City

Bryan

State

TX

Zip Code

77802-4334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	1

Transaction ID: 2011M02L11AI00743

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Suma Gopal

Mailing Address 10319 Cypress Lakes Drive

City

Jacksonville

State

FL

Zip Code

32256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	1	1

Transaction ID: 2011M02L11AI00744

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. W. Ted Gossett

Mailing Address P.O. Box 1216

City

McLean

State

VA

Zip Code

22101-1216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Washington Fine PropertiesOccupation  
Real Estate Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	1	1

Transaction ID: 2011M02L11AI00745

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1320.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 431 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mrs. Jack W. Gottschalk

Mailing Address 7195 Given Road

City	State	Zip Code
Cincinnati	OH	45243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	1

Transaction ID: 2011M02L11AI00746

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stephen Goulding

Mailing Address 2783 Evan Road

City	State	Zip Code
Wenona	IL	61377-9422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oak State ProductsOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	1

Transaction ID: 2011M02L11AI00747

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Geraldine Gozder

Mailing Address 9217 Bundoran Drive

City	State	Zip Code
Orland Park	IL	60462-1147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	8		2	0	1	1

Transaction ID: 2011M02L11AI00748

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 432 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mindy Grabau

Mailing Address 8869 Portico Ln

City

Longmont

State

CO

Zip Code

80503-9436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00749

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Steven V. Grace

Mailing Address 1907 Northwood Avenue N.E.

City

Tacoma

State

WA

Zip Code

98422-4070

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Udelhoven Oilfield System  
Services, Inc

Occupation  
Construction Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00750

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Lt. Colone Robert E. Grady

Mailing Address 5511 Huntington Parkway

City

Bethesda

State

MD

Zip Code

20814-1130

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI00751

Amount of Each Receipt this Period

245.00

**SUBTOTAL** of Receipts This Page (optional) .....

995.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 433 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Faye T. Graham

Mailing Address 315 15Th Street S.E.  
 Apartment F2

City State Zip Code  
**Moultrie GA 31768**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00752**

Amount of Each Receipt this Period

1005.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gerald R. Graham

Mailing Address 14990 Granite Court

City State Zip Code  
**Saratoga CA 95070-6109**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 4 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00753**

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Maurice F. Granville

Mailing Address P.O. Box 38

City State Zip Code  
**Rockport ME 04856-0038**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 0 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00754**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1755.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 434 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jay Grassell

Mailing Address 861 Murray Court

City

Yuba City

State

CA

Zip Code

95991-6121

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Three Rivers Medical Group

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00755

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jay Grassell

Mailing Address 861 Murray Court

City

Yuba City

State

CA

Zip Code

95991-6121

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Three Rivers Medical Group

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00756

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Susan Graue

Mailing Address P.O. Box 533

City

Dover

State

ID

Zip Code

83825-0533

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Landscaper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00757

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

575.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 435 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ed Gray

Mailing Address 1 Gray Oaks Lane

City

Gulf Breeze

State

FL

Zip Code

32561-4486

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00758

Amount of Each Receipt this Period

275.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gary C. Gray

Mailing Address 203 Via Dijon

City

Newport Beach

State

CA

Zip Code

92663

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00759

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Alan J. Green

Mailing Address 12918 Riverplace Court

City

Jacksonville

State

FL

Zip Code

32223-1773

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Regency Electric

Occupation  
Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00760

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 436 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Jim Green

Mailing Address 190 South La Salle  
 Suite 3000

City State Zip Code  
 Chicago IL 60603-5137

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Rosenthal Collins Group,  
 L.L.C.

Occupation  
 Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00761

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Adron Greene

Mailing Address 234 4Th Avenue N.

City State Zip Code  
 Nashville TN 37219-2102

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Requested

Occupation  
 Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00762

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. G. Perry Greene

Mailing Address 234 Farthing Street

City State Zip Code  
 Boone NC 28607-3819

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00763

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 437 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Larry Duane Greene

Mailing Address 2525 Lillie Avenue

City

Kingman

State

AZ

Zip Code

86401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

**Transaction ID:** 2011M02L11AI00764

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Harry G. Greenleaf

Mailing Address 37721 Bristol Street

City

Livonia

State

MI

Zip Code

48154

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

**Transaction ID:** 2011M02L11AI00765

Amount of Each Receipt this Period

255.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. L. Duncan Greenwood

Mailing Address 2415 River Forest Drive

City

Mobile

State

AL

Zip Code

36605-4439

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

**Transaction ID:** 2011M02L11AI00766

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

725.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 438 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Reina L. Gregorio

Mailing Address 71 Byron Road

City

Merrick

State

NY

Zip Code

11566-4633

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
X.L. Capital

Occupation

Insurance Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00767

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Valerie Gregory

Mailing Address 4741 Brick Church Pike

City

Goodlettsville

State

TN

Zip Code

37072-9525

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Computer Marketing Corpor-  
ation

Occupation

Accounts Payable

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00768

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael Greig

Mailing Address 2003 Key West Cove

City

Austin

State

TX

Zip Code

78746

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AMD, Inc.

Occupation

Director, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00769

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 439 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Ms. Barbara A. Griffin

Mailing Address 6136 Brittany Avenue

City

Newark

State

CA

Zip Code

94560-1715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
C. H. W.

Occupation

Director Patent Financial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	1	1

Transaction ID: 2011M02L11AI00770

Amount of Each Receipt this Period

630.00

**B.**

Full Name (Last, First, Middle Initial)

John Griffin

Mailing Address P.O. Box 25148

City

Houston

State

TX

Zip Code

77265-5148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frazer, Ltd.

Occupation

Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	1

Transaction ID: 2011M02L11AI00771

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joseph Griffin

Mailing Address 2837 Brook Drive

City

Falls Church

State

VA

Zip Code

22042-2301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	3	/	2	0	1	1

Transaction ID: 2011M02L11AI00772

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional) .....

1155.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 440 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
Mr. Clark A. GriffithMailing Address P.O. Box 127  
15 Lakeview StreetCity State Zip Code  
South Carver MA 02366-0127FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	1	1

Transaction ID: 2011M02L11AI00773

Amount of Each Receipt this Period

100.00

**B.**Full Name (Last, First, Middle Initial)  
Mr. Clark A. GriffithMailing Address P.O. Box 127  
15 Lakeview StreetCity State Zip Code  
South Carver MA 02366-0127FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	8		2	0	1	1

Transaction ID: 2011M02L11AI00774

Amount of Each Receipt this Period

100.00

**C.**Full Name (Last, First, Middle Initial)  
Mr. Clark A. GriffithMailing Address P.O. Box 127  
15 Lakeview StreetCity State Zip Code  
South Carver MA 02366-0127FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	1

Transaction ID: 2011M02L11AI00775

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 441 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mrs. Paul Griffith

Mailing Address 118 Prairie 1201

City

Kopperl

State

TX

Zip Code

76652

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	1

Transaction ID: 2011M02L11AI00776

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard S. Griffith

Mailing Address P.O. Box 91610

City

Lafayette

State

LA

Zip Code

70509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	1	1

Transaction ID: 2011M02L11AI00777

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard S. Griffith

Mailing Address P.O. Box 91610

City

Lafayette

State

LA

Zip Code

70509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	1

Transaction ID: 2011M02L11AI00778

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional) .....

920.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. George R. Griffiths

Mailing Address 6945 E. Main Street  
 Apartment 1301

City State Zip Code  
**Mesa AZ 85207-8289**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 4 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00779**

Amount of Each Receipt this Period

230.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John E. Grimes

Mailing Address 5520 Park Lane

City State Zip Code  
**Dallas TX 75220**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Enterprise Leasing Company

Occupation  
Automotive Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 2 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00780**

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Jane Grindley

Mailing Address 2015 Tremont Road

City State Zip Code  
**Columbus OH 43221**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00781**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**730.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey W. Groen

Mailing Address P.O. Box 583

City

Ripon

State

CA

Zip Code

95366-0583

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Agricultural Pest Control

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00782

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Susan A. Groom

Mailing Address 64-1066B Mamalahoa

City

Kamuela

State

HI

Zip Code

96743

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00783

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Leon M. Gross

Mailing Address 871 Holland Rd

City

Newton

State

AL

Zip Code

36352-8035

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ozark Striping

Occupation

Road Striper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00784

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

970.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Mari Anne Gross

Mailing Address 57485 Taku Avenue

City

Homer

State

AK

Zip Code

99603

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

**Transaction ID:** 2011M02L11AI00785

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Grossman

Mailing Address 1013 Stillwood Circle

City

Lititz

State

PA

Zip Code

17543-6604

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

**Transaction ID:** 2011M02L11AI00786

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Karen Mary Grossutti

Mailing Address 359 S.E. 26Th Avenue

City

Fort Lauderdale

State

FL

Zip Code

33301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Broadpoint Capital

Occupation  
Fixes Income Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

**Transaction ID:** 2011M02L11AI00787

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

695.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Dennis Groth

Mailing Address P.O. Box 390  
 770 Oakville Cross Road

City State Zip Code  
 Oakville CA 94562-0390

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Groth Vineyards

Occupation  
 Wine Grower

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00788

Amount of Each Receipt this Period

1100.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Michael Gruss

Mailing Address 18 Tracy Lane

City State Zip Code  
 Fremont OH 43420

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Requested

Occupation  
 Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00789

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Davis A. Gueymard

Mailing Address 9303 Hilltrace Avenue

City State Zip Code  
 Baton Rouge LA 70809-2616

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00790

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

1620.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Glenn Guidry

Mailing Address 647 Chalmette Street

City

Harvey

State

LA

Zip Code

70058-4429

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
La Maison Creole

Occupation  
Caterer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00791

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard E. Gulbranson, Jr.

Mailing Address 114 Encino Avenue

City

Camarillo

State

CA

Zip Code

93010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Property Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00792

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Virgilio Guma

Mailing Address 15061 SW 149 Ave.

City

Miami

State

FL

Zip Code

33196

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oil Trading Consultants  
Inc

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00793

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles C. Haffner

Mailing Address 1530 N. State Parkway

City  
**Chicago**

State  
**IL**

Zip Code  
**60610-8619**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**01 / 24 / 2011**

**Transaction ID: 2011M02L11AI00794**

Amount of Each Receipt this Period

**500.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. Evetts Haley

Mailing Address 1901 Brunson Avenue

City  
**Midland**

State  
**TX**

Zip Code  
**79701-6924**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Requested

Occupation  
 Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**230.00**

Date of Receipt

**01 / 24 / 2011**

**Transaction ID: 2011M02L11AI00795**

Amount of Each Receipt this Period

**230.00**

**C.**

Full Name (Last, First, Middle Initial)

Ms. Bonnie Hall

Mailing Address 5925 Poorhouse Road  
 P.O. Box 1214

City  
**Victoria**

State  
**VA**

Zip Code  
**23974**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Victoria Drug

Occupation  
 Bookkeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**01 / 03 / 2011**

**Transaction ID: 2011M02L11AI00796**

Amount of Each Receipt this Period

**250.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**980.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Marilyn A. Hall

Mailing Address 312 Miamola Avenue

City

Sandersville

State

GA

Zip Code

31082-9242

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00797

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David Hallberg

Mailing Address 1405 Rio Bend Court

City

Grapevine

State

TX

Zip Code

76051-8801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
B.N.S.F. Railway Company

Occupation  
A.V.P. Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: 2011M02L11AI00798

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William Hallinan

Mailing Address 6333 E. Bent Tree Drive

City

Scottsdale

State

AZ

Zip Code

85266

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Intel, Inc.

Occupation  
Attorney/Businessman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00799

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James A. Halls

Mailing Address 4555 E. Mayo Blvd. #4301

City State Zip Code  
**Phoenix AZ 85050**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

**01 / 31 / 2011**

**Transaction ID: 2011M02L11AI00800**

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Harriet Halsell

Mailing Address 4341 Potomac Avenue

City State Zip Code  
**Dallas TX 75205-2683**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
M.D.C. Gift Shops

Occupation  
Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

**01 / 11 / 2011**

**Transaction ID: 2011M02L11AI00801**

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Dale F. Halton

Mailing Address P.O. Box 834

City State Zip Code  
**Ophir CO 81426-0834**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

**01 / 18 / 2011**

**Transaction ID: 2011M02L11AI00802**

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

**885.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 450 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Brenda J. Ham

Mailing Address P.O. Box 1220

City

Friendswood

State

TX

Zip Code

77549-1220

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00803

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jeff Hamar

Mailing Address 1518 N Raymond Ave

City

Fullerton

State

CA

Zip Code

92831-2054

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Galleher I. N. C.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00804

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John M. Hamilton

Mailing Address 300 Beach Drive N.E.  
Apartment 2302

City

Saint Petersburg

State

FL

Zip Code

33701-3467

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00805

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 451 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Lydia K. Hamilton

Mailing Address 7941 Johnnycake Road

City

Baltimore

State

MD

Zip Code

21244-1221

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00806

Amount of Each Receipt this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Lydia K. Hamilton

Mailing Address 7941 Johnnycake Road

City

Baltimore

State

MD

Zip Code

21244-1221

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00807

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Nancy M. Hamilton

Mailing Address 494 S. State Street

City

Bellingham

State

WA

Zip Code

98225

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00808

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 452 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Martin Hammon

Mailing Address 9910 Victoria Lake Road

City	State	Zip Code
Rapid City	SD	57702-9069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rapid Fire, Inc.Occupation  
Fire Sprinkler Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	1	1

Transaction ID: 2011M02L11AI00809

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James Hampton

Mailing Address 8220 N.W. 68Th Place

City	State	Zip Code
Oklahoma City	OK	73132-3913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	1	1

Transaction ID: 2011M02L11AI00810

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Fitzhugh N. Hamrick

Mailing Address 1683 Seignious Drive

City	State	Zip Code
Charleston	SC	29407-8232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	1	1

Transaction ID: 2011M02L11AI00811

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional) .....

720.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 453 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. Hollis H. Hands

Mailing Address 1018 S. Bryan Street

City

Amarillo

State

TX

Zip Code

79102-1306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: 2011M02L11AI00812

Amount of Each Receipt this Period

900.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles C. Hanebuth

Mailing Address 7254 Bay Hill Drive

City

Frisco

State

TX

Zip Code

75034-0926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	1	1

Transaction ID: 2011M02L11AI00813

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas E. Hanes

Mailing Address 5223 Heathrow Hills Drive

City

Brentwood

State

TN

Zip Code

37027-6548

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Associated Pathologists,  
P.L.C.Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	1	1

Transaction ID: 2011M02L11AI00814

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 454 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Thomas E. Hanes

Mailing Address 5223 Heathrow Hills Drive

City

Brentwood

State

TN

Zip Code

37027-6548

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Associated Pathologists,  
P.L.C.

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00815

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mitchell J. Hanna

Mailing Address 22410 Egbert Hill Drive

City

Grass Valley

State

CA

Zip Code

95949-8997

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sutter Health

Occupation  
Hospital Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00816

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Violet Hanna

Mailing Address 4123 Mary Ellen Avenue

City

Studio City

State

CA

Zip Code

91604-2212

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00817

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2450.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 455 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Peter D. Hannaford

Mailing Address 3555 J. Street

City  
EurekaState  
CAZip Code  
95503-0174FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Hannaford Enterprises, In-  
c.Occupation  
Public Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	1	1

Transaction ID: 2011M02L11AI00818

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Luanne Hannah

Mailing Address 773 Pease Lane

City  
West IslipState  
NYZip Code  
11795-3426FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: 2011M02L11AI00819

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Luanne Hannah

Mailing Address 773 Pease Lane

City  
West IslipState  
NYZip Code  
11795-3426FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: 2011M02L11AI00820

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional) .....

690.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 456 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Ray E. Hannah

Mailing Address 95 Valleybrook Drive

City

Fairburn

State

GA

Zip Code

30213-1623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	1

Transaction ID: 2011M02L11AI00821

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Steven Hannifin

Mailing Address 1225 Gabriel Ln

City

Fort Worth

State

TX

Zip Code

76116-1637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Aar CorpOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	1	1

Transaction ID: 2011M02L11AI00822

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Dorothy Hansen

Mailing Address 3090 N. Rocky Road

City

Marion

State

UT

Zip Code

84036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	4	/	2	0	1	1

Transaction ID: 2011M02L11AI00823

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

850.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 457 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Dorothy Hansen

Mailing Address 3090 N. Rocky Road

City

Marion

State

UT

Zip Code

84036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: 2011M02L11AI00824

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John M. Hansen

Mailing Address 55 Overlook Drive

City

Westfield

State

MA

Zip Code

01085-2516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: 2011M02L11AI00825

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lowell C. Hansen

Mailing Address 4701 S. Minnesota Avenue

City

Sioux Falls

State

SD

Zip Code

57105-6754

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	1	1

Transaction ID: 2011M02L11AI00826

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

860.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 458 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Rennie Hansen

Mailing Address 4216 Royal Scots Avenue

City

Las Vegas

State

NV

Zip Code

89141-4370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
First Horizon Home Loans

Occupation

Mortgage Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	1	1

Transaction ID: 2011M02L11AI00827

Amount of Each Receipt this Period

275.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard K. Hansens

Mailing Address 2639 County Road 900 E.

City

Champaign

State

IL

Zip Code

61822-9415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	4	/	2	0	1	1

Transaction ID: 2011M02L11AI00828

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard K. Hansens

Mailing Address 2639 County Road 900 E.

City

Champaign

State

IL

Zip Code

61822-9415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: 2011M02L11AI00829

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

575.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 459 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jackson L. Hanson

Mailing Address 10205 Tims Lake Blvd.

City

Grass Lake

State

MI

Zip Code

49240-8502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Consumer Energy

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00830

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Hanson

Mailing Address 31319 Fairwin Drive

City

Bay Village

State

OH

Zip Code

44140

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: 2011M02L11AI00831

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ben Hardaway, III

Mailing Address 8301 Big Shinn Road

City

Midland

State

GA

Zip Code

31820-3610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00832

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 460 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Pennie Hardesty

Mailing Address 2221 Norwegian Drive  
 Apartment 23

City State Zip Code  
**Clearwater FL 33763-2960**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00833**

Amount of Each Receipt this Period

255.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Margurite Hark

Mailing Address 8995 Collins Avenue #201

City State Zip Code  
**Miami Beach FL 33154-3503**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 2 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00834**

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. John Harlow

Mailing Address P.O. Box 266

City State Zip Code  
**Bernice LA 71222**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 0 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00835**

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

1405.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 461 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mrs. John Harlow

Mailing Address P.O. Box 266

City

Bernice

State

LA

Zip Code

71222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: 2011M02L11AI00836

Amount of Each Receipt this Period

130.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert L. Harman

Mailing Address 33 Barnsbury Road

City

Langhorne

State

PA

Zip Code

19047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Frontier Risk Solutions Inc.Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: 2011M02L11AI00837

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gary Harmon

Mailing Address 273 Austin Avenue

City

Atherton

State

CA

Zip Code

94027-4005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	1

Transaction ID: 2011M02L11AI00838

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

880.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 462 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Virginia Harmon

Mailing Address 215 E. Saint Charles Road

City State Zip Code  
**Elmhurst IL 60126**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**01 / 24 / 2011**

**Transaction ID: 2011M02L11AI00839**

Amount of Each Receipt this Period

**300.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. Frederick J. Harms

Mailing Address 24524 E. Oak Park Road

City State Zip Code  
**Canton IL 61520-8956**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**230.00**

Date of Receipt

**01 / 24 / 2011**

**Transaction ID: 2011M02L11AI00840**

Amount of Each Receipt this Period

**180.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. Frederick J. Harms

Mailing Address 24524 E. Oak Park Road

City State Zip Code  
**Canton IL 61520-8956**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**230.00**

Date of Receipt

**01 / 24 / 2011**

**Transaction ID: 2011M02L11AI00841**

Amount of Each Receipt this Period

**50.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**530.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 463 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Stewart David Harnell

Mailing Address 30 Forrest Lake Dr. Nw

City

Atlanta

State

GA

Zip Code

30327-3311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cinema Concepts Tsc

Occupation

Film-Digital Producer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	1	1

Transaction ID: 2011M02L11AI00842

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Charlotte Harper

Mailing Address 1519 Hickory Hill Rd

City

Pineville

State

LA

Zip Code

71360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	1	1

Transaction ID: 2011M02L11AI00843

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mary J. Harrell

Mailing Address 2720 S. River Road  
Suite 246

City

Des Plaiens

State

IL

Zip Code

60018-4111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Crown Cars & Limousines

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	1

Transaction ID: 2011M02L11AI00844

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional) .....

745.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 464 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Joe T. Harris

Mailing Address 206 Zeno Street

City

Nacogdoches

State

TX

Zip Code

75965-2523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nacogdoche I.S.D.Occupation  
Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: 2011M02L11AI00845

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lawrence G. Harris

Mailing Address 6744 Garmire Road

City

Meridian

State

CA

Zip Code

95957-9504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Civil Engineer Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	1

Transaction ID: 2011M02L11AI00846

Amount of Each Receipt this Period

127.25

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lawrence G. Harris

Mailing Address 6744 Garmire Road

City

Meridian

State

CA

Zip Code

95957-9504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Civil Engineer Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	1

Transaction ID: 2011M02L11AI00847

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

727.25

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 465 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William D. Harris

Mailing Address 3314 Mantua Drive

City State Zip Code  
**Fairfax VA 22031**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**01 / 26 / 2011**

**Transaction ID: 2011M02L11AI00848**

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles R. Harrison

Mailing Address 1825 Lawrence Street  
Suite 444

City State Zip Code  
**Denver CO 80202-1817**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**01 / 07 / 2011**

**Transaction ID: 2011M02L11AI00849**

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Larry J. Hart

Mailing Address 17631 Bridgeway Circle Drive

City State Zip Code  
**Chesterfield MO 63005-4219**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Investment Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**01 / 10 / 2011**

**Transaction ID: 2011M02L11AI00850**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 466 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Marjorie Hart

Mailing Address 3307 North 43Rd Place

City

Phoenix

State

AZ

Zip Code

85018-6422

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00851

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Hart

Mailing Address 1099 Aaron Smith Drive

City

Bridgeport

State

WV

Zip Code

26330-9612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00852

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Eric Hartel

Mailing Address 1268 Morgan Chase Drive N.E.

City

Marietta

State

GA

Zip Code

30066-5638

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mc Kesson Corporation

Occupation  
Staff Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00853

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1020.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 467 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bill Hartley

Mailing Address P.O. Box 1079

City

Tyler

State

TX

Zip Code

75710-1079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00854

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. C. P. Hartmann

Mailing Address 6444 Waggoner Drive

City

Dallas

State

TX

Zip Code

75230-5145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
International Electric Su-  
pply Corporat

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00855

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Clarence Hartwig

Mailing Address 219 Muirfield Court

City

North Prairie

State

WI

Zip Code

53153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: 2011M02L11AI00856

Amount of Each Receipt this Period

310.00

**SUBTOTAL** of Receipts This Page (optional) .....

1010.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 468 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Frederick Hartwig

Mailing Address 5204 Pawnee Dr.

City

Roeland Park

State

KS

Zip Code

66205-1553

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00857

Amount of Each Receipt this Period

210.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Harvey

Mailing Address 4432 Atlantic Brigantine Blvd.

City

Brigantine

State

NJ

Zip Code

08203

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00858

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William B. Harvey

Mailing Address 11310 Waller Road W.

City

Theodore

State

AL

Zip Code

36582

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00859

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1510.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 469 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Philip H. Haselton

Mailing Address 76 Oak Street

City

Boothbay Harbor

State

ME

Zip Code

04538-1814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00860

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Glenn W. Hasse, Jr.

Mailing Address 81 Seagate Drive  
Unit 1503

City

Naples

State

FL

Zip Code

34103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ryt Way Industries

Occupation  
President/C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00861

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. David J. Hatmaker

Mailing Address 417 Monticello Avenue

City

Harrisonburg

State

VA

Zip Code

22801-4207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00862

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Peter Hauber

Mailing Address 1290 Via Dinero

City  
**Solvang**

State  
**CA**

Zip Code  
**93463-2051**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Builders Hardware, Inc.

Occupation  
 Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00863**

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Huguette A. Hausman-Johnson

Mailing Address 1985 Cantwell Grove

City

**Colorado Springs**

State

**CO**

Zip Code

**80906-6912**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 0 4 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00864**

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Paul D. Haworth, Jr.

Mailing Address 2914 Wilderness Blvd. E.

City

**Parrish**

State

**FL**

Zip Code

**34219-9269**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 5 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00865**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

970.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Harvey S. Hawn

Mailing Address 902 Alcorn Drive

City

Egg Harbor Townshi

State

NJ

Zip Code

08234

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00866

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Rufus L. Hayden

Mailing Address 508 North Hidalgo Avenue

City

Alhambra

State

CA

Zip Code

91801-2642

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Personal Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI00867

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard J. Haydinger

Mailing Address 12 Patridge Court

City

Cherry Hill

State

NJ

Zip Code

08003-2202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00868

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 472 / 1391

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert R. Hayes

Mailing Address 7110 118Th Street

City

Seminole

State

FL

Zip Code

33772-5719

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00869

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

David Haynes

Mailing Address 60 Fairlawn Dr.

City

Selkirk

State

NY

Zip Code

12158-9736

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Regeneron Pharmaceuticals,  
Inc

Occupation  
Assoc. Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00870

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Eric T. Head

Mailing Address 4580 S. Franklin Street

City

Englewood

State

CO

Zip Code

80113-5937

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Golf Instruction

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00871

Amount of Each Receipt this Period

509.00

**SUBTOTAL** of Receipts This Page (optional) .....

1259.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Christopher C. Healy

Mailing Address 27 Dorchester Road

City

Wethersfield

State

CT

Zip Code

06109-2320

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Connecticut Republicans

Occupation  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00872

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Steven J. Heeney

Mailing Address P.O. Box 419020

City

Kansas City

State

MO

Zip Code

64141-6020

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cereal Food Processors In-  
c.

Occupation  
E.V.P. Finance&Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00873

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Barbara Hegwood

Mailing Address 579 W36855 Wilton Road

City

Eagle

State

WI

Zip Code

53119-1300

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00874

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Virgil Heidbrink

Mailing Address 8523 Thackery Street  
 Apartment 7102

City State Zip Code  
 Dallas TX 75225-3924

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00875

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Greg Heidrick

Mailing Address 6720 Southfork Circle

City State Zip Code  
 Lincoln NE 68516-3539

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00876

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Stephen E. Heim

Mailing Address 30 W. 249 Maple Tree Lane

City State Zip Code  
 Wayne IL 60184

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00877

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1470.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gary A. Heine

Mailing Address 803 W. Burning Tree Lane

City State Zip Code  
**Arlington Heights IL 60004**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 8 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00878**

Amount of Each Receipt this Period

240.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Steve C. Helbing

Mailing Address 6498 Farthing Drive

City State Zip Code  
**Colorado Springs CO 80906-7502**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wells Fargo Bank

Occupation  
Bank Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 3 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00879**

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Barbara A. Heldman

Mailing Address 21466 Encina Road

City State Zip Code  
**Topanga CA 90290-3520**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 0 7 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00880**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

990.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 476 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Barbara A. Heldman

Mailing Address 21466 Encina Road

City

Topanga

State

CA

Zip Code

90290-3520

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00881

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Hemminger

Mailing Address 10705 Pinon Park Court N.W.

City

Albuquerque

State

NM

Zip Code

87114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kiewit Companies

Occupation  
Equipment Superintendent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00882

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Hemminger

Mailing Address 10705 Pinon Park Court N.W.

City

Albuquerque

State

NM

Zip Code

87114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kiewit Companies

Occupation  
Equipment Superintendent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00883

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James C. Henry, Jr.

Mailing Address 683 Annemore Lane

City

Naples

State

FL

Zip Code

34108-7520

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
E. P. Henry Corporation

Occupation  
C. O. B.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00884

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Henry, Sr.

Mailing Address 1919 Birnie Avenue

City

Fort Smith

State

AR

Zip Code

72904

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00885

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert Henry, Sr.

Mailing Address 1919 Birnie Avenue

City

Fort Smith

State

AR

Zip Code

72904

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00886

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 478 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Connie S. Herbert

Mailing Address 25550 N. Tuscarora Court

City

Lake Barrington

State

IL

Zip Code

60010-1140

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00887

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Anders Herlitz

Mailing Address 901 N. Rio Vista Blvd

City

Fort Lauderdale

State

FL

Zip Code

33301-3037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00888

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Anders Herlitz

Mailing Address 901 N. Rio Vista Blvd

City

Fort Lauderdale

State

FL

Zip Code

33301-3037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00889

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 479 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Ms. Susan C. Hermanson

Mailing Address 9 E. Parnassus Court

City

Berkeley

State

CA

Zip Code

94708-2038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kaiser PermanenteOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: 2011M02L11AI00890

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John F. Herrick

Mailing Address 21150 Brantley Road

City

Shaker Heights

State

OH

Zip Code

44122-1934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Realty InvestorsOccupation  
Real Estate Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	1	1

Transaction ID: 2011M02L11AI00891

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. J. Preston Hester

Mailing Address 112 Valley Ridge Road

City

Franklin

State

TN

Zip Code

37064-5260

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: 2011M02L11AI00892

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 480 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Margaret W. Hickman

Mailing Address 712 County Road 38

City

Gordo

State

AL

Zip Code

35466

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	1

Transaction ID: 2011M02L11AI00893

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Phillip J. Hildebrand

Mailing Address 9151 Blvd. 26  
Healthmarkets Inc.

City

North Richland Hil

State

TX

Zip Code

76180

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health MarketsOccupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	1

Transaction ID: 2011M02L11AI00894

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Ann G. Hill

Mailing Address 708 Creation Drive

City

Du Bois

State

PA

Zip Code

15801-3996

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	1	1

Transaction ID: 2011M02L11AI00895

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 481 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jack I. Hill

Mailing Address 10008 Magnolia Bend

City

Bonita Springs

State

FL

Zip Code

34135-8119

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00896

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jack I. Hill

Mailing Address 10008 Magnolia Bend

City

Bonita Springs

State

FL

Zip Code

34135-8119

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00897

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Edward Joseph Hillings

Mailing Address 3904 Colonel Ellis Avenue

City

Alexandria

State

VA

Zip Code

22304-1704

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00898

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

820.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 482 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Barbara Yolanda Hinkson

Mailing Address 6259 Lamp Post Place

City

Atlanta

State

GA

Zip Code

30349-8816

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Aetna

Occupation  
Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00899

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ivan Hinrichs

Mailing Address 6000 Fairview Rd.

City

Charlotte

State

NC

Zip Code

28210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hfcb, Llc

Occupation  
Benefit Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00900

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Herbert C. Hipple

Mailing Address 1346 Winchcombe Drive

City

Bloomfield Hills

State

MI

Zip Code

48304

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cordell Metals Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00901

Amount of Each Receipt this Period

210.00

**SUBTOTAL** of Receipts This Page (optional) .....

1430.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 483 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Bradley Hirst</p> <p>Mailing Address P.O. Box 1210</p> <p>City Noblesville State IN Zip Code 46061</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  500.00</p>	<p>Date of Receipt  M M / D D / Y Y Y Y Y  0 1 / 3 1 / 2 0 1 1</p> <p><b>Transaction ID:</b> 2011M02L11AI00902</p> <p>Amount of Each Receipt this Period  500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Larry Hobbs</p> <p>Mailing Address 2019 Kelly Drive</p> <p>City Sulphur State OK Zip Code 73086-1403</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Requested Occupation Requested</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  300.00</p>	<p>Date of Receipt  M M / D D / Y Y Y Y Y  0 1 / 1 2 / 2 0 1 1</p> <p><b>Transaction ID:</b> 2011M02L11AI00903</p> <p>Amount of Each Receipt this Period  300.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. L. Inman Hodges</p> <p>Mailing Address P.O. Box 637</p> <p>City Statesboro State GA Zip Code 30459-0637</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self-Employed Occupation Franchisee: K. F. C.</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  245.00</p>	<p>Date of Receipt  M M / D D / Y Y Y Y Y  0 1 / 1 9 / 2 0 1 1</p> <p><b>Transaction ID:</b> 2011M02L11AI00904</p> <p>Amount of Each Receipt this Period  245.00</p>

**SUBTOTAL** of Receipts This Page (optional) .....

**1045.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 484 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ralph Hodgkins, Jr.

Mailing Address 130 Coco Plum Drive  
 Apartment 402

City State Zip Code  
 Marathon FL 33050-4028

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI00905

Amount of Each Receipt this Period

330.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Patrick Hoffman

Mailing Address 27005 Hoyt Lane

City State Zip Code  
 Katy TX 77494

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00906

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Mary Hoffmeyer

Mailing Address 14 Lockwood Drive  
 Apartment 7B

City State Zip Code  
 Charleston SC 29401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00907

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1080.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 485 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Alven B. Hoin

Mailing Address 4010 W 86th St Ste D

City	State	Zip Code
Indianapolis	IN	46268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	1	1

Transaction ID: 2011M02L11AI00908

Amount of Each Receipt this Period

240.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Candy Hoksbergen

Mailing Address 448 Baky Hill Road

City	State	Zip Code
Twisp	WA	98856-9762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Realtor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	8		2	0	1	1

Transaction ID: 2011M02L11AI00909

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. H. Eugene Holder, Jr.

Mailing Address 28011 Gadwall Drive

City	State	Zip Code
Katy	TX	77494-4269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Petroleum Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	1	1

Transaction ID: 2011M02L11AI00910

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional) .....

1960.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 486 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Shripathi Holla

Mailing Address 513 Carnation Drive

City

Clarks Summit

State

PA

Zip Code

18411

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Community Medical Center

Occupation

Neurosurgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00911

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Murray Holland

Mailing Address 4416 N. Versailles Ave.

City

Dallas

State

TX

Zip Code

75205

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation

Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00912

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. William Holland

Mailing Address 264 Locha Drive

City

Jupiter

State

FL

Zip Code

33458

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00913

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Deborah J. Holley

Mailing Address 2233 Winterhawk Lane

City

Coupeville

State

WA

Zip Code

98239

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Boeing Company

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00914

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Richard M. Holloway

Mailing Address P.O. Box 13317

City

Springfield

State

IL

Zip Code

62791-3317

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00915

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Wayne E. Holm

Mailing Address 15209 N.W. Mason Hill Road

City

North Plains

State

OR

Zip Code

97133-8196

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oregon Canadian Forest Pr-  
oducts

Occupation

C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00916

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ben L. Holmes

Mailing Address P.O. Box 6404

City

Ketchum

State

ID

Zip Code

83340-6404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00917

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ben L. Holmes

Mailing Address P.O. Box 6404

City

Ketchum

State

ID

Zip Code

83340-6404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00918

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. D. W. Holmes, Jr.

Mailing Address 32331 Meadowlark Way

City

Pepper Pike

State

OH

Zip Code

44124-5509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Morrison Products, Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00919

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Judy Holt

Mailing Address 1707 Broadmoor Drive

City State Zip Code  
**Bryan TX 77802**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

**01 / 24 / 2011**

**Transaction ID: 2011M02L11AI00920**

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lawrence Byerly Holt, Jr.

Mailing Address 1529 Cadiz Drive

City State Zip Code  
**Myrtle Beach SC 29579-5540**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**01 / 10 / 2011**

**Transaction ID: 2011M02L11AI00921**

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Leon C. Holt, Jr.

Mailing Address 2112 Kirkland Village Circle

City State Zip Code  
**Bethlehem PA 18017-4713**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

**01 / 31 / 2011**

**Transaction ID: 2011M02L11AI00922**

Amount of Each Receipt this Period

245.00

**SUBTOTAL** of Receipts This Page (optional) .....

**715.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Linda Roy Holt

Mailing Address 6920 Maryland Avenue

City

Groveland

State

FL

Zip Code

34736

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mike Holt Enterprises

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00923

Amount of Each Receipt this Period

1210.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Hombach

Mailing Address 126 Homewood Avenue

City

Libertyville

State

IL

Zip Code

60048-2122

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International, Inc.

Occupation  
Corporate Vice President & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00924

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Suzanne S. Homme

Mailing Address 1 Strauss Terrace

City

Rancho Mirage

State

CA

Zip Code

92270-4075

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Independent Contractor

Occupation  
Travel Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00925

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1760.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ted Hong

Mailing Address 144 Puhili St

City

Hilo

State

HI

Zip Code

96720-1460

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00926

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Fred Honore

Mailing Address 24343 Williams Avenue

City

Hilmar

State

CA

Zip Code

95324-9605

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
H. & H. Properties

Occupation  
Businessman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00927

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Edward E. Hood, Jr.

Mailing Address 11674 Lake House Court

City

North Palm Beach

State

FL

Zip Code

33408-3318

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00928

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Edward E. Hood, Jr.

Mailing Address 11674 Lake House Court

City State Zip Code  
**North Palm Beach FL 33408-3318**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 0 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00929**

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Jill F. Hood

Mailing Address 13181 Parkside Terrace

City State Zip Code  
**Cooper City FL 33330-2644**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 3 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00930**

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Shirley Trent Hooks

Mailing Address 1023 Omar Street

City State Zip Code  
**Houston TX 77009-6534**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 5 / 2 0 1 1**

**Transaction ID: 2011M02L11AI00931**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Duane L. Hoover

Mailing Address 320 Riverhall Court

City

Atlanta

State

GA

Zip Code

30350-3729

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hoover FoodsOccupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	1	1

Transaction ID: 2011M02L11AI00932

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph Hoover

Mailing Address 455 Seagull Beach Road

City

Prince Frederick

State

MD

Zip Code

20678-3019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	1	1

Transaction ID: 2011M02L11AI00933

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joseph Hoover

Mailing Address 455 Seagull Beach Road

City

Prince Frederick

State

MD

Zip Code

20678-3019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	1

Transaction ID: 2011M02L11AI00934

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

1100.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. David E. Hopkins

Mailing Address 5 Orchard Place

City

Harrisonville

State

MO

Zip Code

64701-3255

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
H.V.S., Inc.

Occupation

Real Estate Appraiser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00935

Amount of Each Receipt this Period

270.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William B. Hopper

Mailing Address P.O. Box 734

City

Taylorville

State

IL

Zip Code

62568-0734

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00936

Amount of Each Receipt this Period

505.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gregory M. Horne

Mailing Address 104 Mission Ridge

City

Madison

State

MS

Zip Code

39110-7601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Building Materials Distributor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00937

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert V. Horst

Mailing Address P.O. Box 101

City

Wooster

State

OH

Zip Code

44691-0101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00938

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert V. Horst

Mailing Address P.O. Box 101

City

Wooster

State

OH

Zip Code

44691-0101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00939

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Edward H. Horton

Mailing Address P.O. Box 274

City

Ocean Beach

State

NY

Zip Code

11770-0274

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Residential Building Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00940

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Timothy Hoschette

Mailing Address 3925 Wells Lake Way

City

Faribault

State

MN

Zip Code

55021-7811

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Faribo Manufacturing, Co.

Occupation

Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00941

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William K. Hoskins

Mailing Address 79 Rachels Way

City

Vineyard Haven

State

MA

Zip Code

02568-6544

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hoskins & Associates

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00942

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas K. Hostetler

Mailing Address 4432 Mount Vernon Place

City

Decatur

State

IL

Zip Code

62521

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00943

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 497 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Randall D. Hough

Mailing Address 1826 Garvey Avenue  
 Apartment 5

City State Zip Code  
 Alhambra CA 91803-4260

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00944

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Alfred D. Houston

Mailing Address 19 Tanglewood Road

City State Zip Code  
 Wellesley MA 02481-2615

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00945

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Carol Hovey

Mailing Address P.O. Box 2700

City State Zip Code  
 Liverpool NY 13089-2700

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Truax&Hovey, Ltd.

Occupation  
Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00946

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. George Hovey

Mailing Address 206 West Walnut Street

City

Davidson

State

NC

Zip Code

28036-8300

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Electrical Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00947

Amount of Each Receipt this Period

375.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James A. Howard

Mailing Address 318 Waycliffe Drive N.

City

Wayzata

State

MN

Zip Code

55391-1390

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00948

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Theodora J. Howell

Mailing Address 23718 Community Street

City

West Hills

State

CA

Zip Code

91304-3003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00949

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

1095.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Zhongxue Hua

Mailing Address 455 Main St Apt 1E

City

New York

State

NY

Zip Code

10044-0193

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI00950

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Mary L. Hubbard

Mailing Address 1 Tealwood Cove

City

Charleston

State

IL

Zip Code

61920-4407

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Eastern Illinois Universi-  
ty

Occupation  
University Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00951

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert K. Hudson

Mailing Address 11953 W. 27th Drive

City

Lakewood

State

CO

Zip Code

80215

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00952

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. David M. Huff

Mailing Address 2707 Derby Court

City

Southlake

State

TX

Zip Code

76092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00953

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Kenneth R. Huff

Mailing Address 3962 N. Hackberry Way

City

Boise

State

ID

Zip Code

83702-1662

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI00954

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Mr. James Huffman

Mailing Address 1209 State Route 2

City

Bryan

State

OH

Zip Code

43506-9605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00955

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. J. Patrick Hughes

Mailing Address 4524 Magnolia Street

City

Bellaire

State

TX

Zip Code

77401-4211

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00956

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ralph Hughes

Mailing Address 4811 6Th Street Court

City

East Moline

State

IL

Zip Code

61244-4274

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI00957

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ralph Hughes

Mailing Address 4811 6Th Street Court

City

East Moline

State

IL

Zip Code

61244-4274

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00958

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

2210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 502 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth L. Huisman

Mailing Address 502 Juneau Avenue S.E.

City

Orange City

State

IA

Zip Code

51041-1822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00959

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. J. Thomas Humphries

Mailing Address 73 Rice Bluff Road

City

Pawleys Island

State

SC

Zip Code

29585-6544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00960

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Barbara H. Hunter

Mailing Address 8351 Mountainview Drive

City

Dallas

State

TX

Zip Code

75249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2130.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00961

Amount of Each Receipt this Period

130.00

**SUBTOTAL** of Receipts This Page (optional) .....

880.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Ms. Barbara H. Hunter

Mailing Address 8351 Mountainview Drive

City	State	Zip Code
Dallas	TX	75249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2130.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	1

Transaction ID: 2011M02L11AI00962

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. D. A. Hutchison

Mailing Address 154 Briarwood N.

City	State	Zip Code
Oak Brook	IL	60523-8718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnemployedOccupation  
Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	1	1

Transaction ID: 2011M02L11AI00963

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Victor Hydel

Mailing Address 1520 Hollywood Street

City	State	Zip Code
Dearborn	MI	48124-4044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mc DonaldsOccupation  
Maintenance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	1	1

Transaction ID: 2011M02L11AI00964

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

3250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gary L. Igo

Mailing Address 1230 Cheyenne Street

City

Douglas

State

WY

Zip Code

82633-3060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00965

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stephen T. Ikard

Mailing Address 1235 Wellesely Green

City

Tuscaloosa

State

AL

Zip Code

35406-3607

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00966

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Ilibassi

Mailing Address P.O. Box 3545

City

New Hyde Park

State

NY

Zip Code

11040-5801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00967

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 505 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Jerrod Imel

Mailing Address P.O. Box 2354

City

Pampa

State

TX

Zip Code

79066-2354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Top O' Texas Oilfield Ser-  
vices, Ltd.

Occupation

Business Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	1

Transaction ID: 2011M02L11AI00968

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Darius Irani

Mailing Address 1809 Via Visalia

City

Palos Verdes Estat

State

CA

Zip Code

90274-2068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	1		2	0	1	1

Transaction ID: 2011M02L11AI00969

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ernest Irish

Mailing Address 112 Burning Bush Place

City

La Plata

State

MD

Zip Code

20646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	1	1

Transaction ID: 2011M02L11AI00970

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional) .....

870.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert T. Isham

Mailing Address 335 Hot Springs Road

City

Santa Barbara

State

CA

Zip Code

93108-2009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00971

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Dorothy A. Isola

Mailing Address 2925 W. 5Th Street  
Apartment 17B

City

Brooklyn

State

NY

Zip Code

11224-3977

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Department Of Education

Occupation  
Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00972

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Verne G. Istock

Mailing Address 9659 Mashie Court

City

Naples

State

FL

Zip Code

34108

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00973

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1725.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 507 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mrs. Terry F. Itnyre

Mailing Address 15217 Terracdale Drive

City	State	Zip Code
La Mirada	CA	90638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	1

Transaction ID: 2011M02L11AI00974

Amount of Each Receipt this Period

245.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jerry B. Jackson

Mailing Address P.O. Box 780

City	State	Zip Code
Heber Springs	AR	72543-0780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	1	1

Transaction ID: 2011M02L11AI00975

Amount of Each Receipt this Period

330.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John W. Jackson

Mailing Address 1293 Tiffany Circle N.

City	State	Zip Code
Palm Springs	CA	92262-7704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	1

Transaction ID: 2011M02L11AI00976

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

875.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 508 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ralph E. Jackson, Jr.

Mailing Address 6597 Nicholas Blvd.  
 Apartment 1704

City State Zip Code  
 Naples FL 34108-7272

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00977

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Terry L. Jackson

Mailing Address 20471 County Road 80

City State Zip Code  
 Ault CO 80610-9658

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Agri Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00978

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Alexis A. Jacobs

Mailing Address 5931 Havens Road

City State Zip Code  
 Gahanna OH 43230

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Colorado Fair Auto Auction

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00979

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 509 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Neilson Jacobs

Mailing Address 504 Slattery Blvd.

City

Shreveport

State

LA

Zip Code

71104-5028

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00980

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert H Jacobs

Mailing Address 175 Berwind Circle

City

Radnor

State

PA

Zip Code

19087-3625

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Phila Brokerage

Occupation  
Inv Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI00981

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Roger W. Jacobs

Mailing Address 42 Upper Creek Road

City

Stockton

State

NJ

Zip Code

08559-1205

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rtape Corporation

Occupation  
President/C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI00982

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 510 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Allen F. Jacobson

Mailing Address Building 255-2N-01  
3M CenterCity State Zip Code  
Saint Paul MN 55144-0001FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	1

Transaction ID: 2011M02L11AI00983

Amount of Each Receipt this Period

305.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Felix I. Jacobson

Mailing Address 145 Timber Hill Drive

City State Zip Code  
Monroe Township NJ 08831-4659FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	1		2	0	1	1

Transaction ID: 2011M02L11AI00984

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Lislott Jacobson

Mailing Address 1721 Colorado River Road

City State Zip Code  
Gypsum CO 81637FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	1

Transaction ID: 2011M02L11AI00985

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1105.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 511 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Ms. Helen K. Jaeggi

Mailing Address 350 N. 190Th Street

City

Shoreline

State

WA

Zip Code

98133-3856

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: 2011M02L11AI00986

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Melvin Jaffee

Mailing Address 22 San Antonio

City

Newport Beach

State

CA

Zip Code

92660-6745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Business Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: 2011M02L11AI00987

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Shirley Jagels

Mailing Address 1404 Wilson

City

San Marino

State

CA

Zip Code

91108-2344

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	1

Transaction ID: 2011M02L11AI00988

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1550.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 512 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Francis J. Jahn

Mailing Address 2208 Seaton Court

City

Champaign

State

IL

Zip Code

61821-6626

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Meyer Capel, P.C.

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00989

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David Lee Jastremski

Mailing Address 7769 Barn Owl Drive

City

Fountain

State

CO

Zip Code

80817-4207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Colorado Springs Utilities

Occupation  
Mechanical Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: 2011M02L11AI00990

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Monte J. Jefson

Mailing Address 5343 Beachside Dr.

City

Minnetonka

State

MN

Zip Code

55343

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cargill

Occupation  
Transportation Business Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI00991

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

965.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 513 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Mary P. Jennings

Mailing Address 16 Woodland Way Circle

City

Greenville

State

SC

Zip Code

29601-3824

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00992

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Larry T. Jensen

Mailing Address 7261 18Th Street N.E.

City

Saint Petersburg

State

FL

Zip Code

33702-4758

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Joule Yacht Transport, In-  
c.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI00993

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Clarence A. Jernigan

Mailing Address 3585 Bump Gate Road

City

Pipe Creek

State

TX

Zip Code

78063-5845

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI00994

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1520.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 514 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Danny R. Jernigan

Mailing Address 3903 Woodwyn Lane

City

Paragould

State

AR

Zip Code

72450-8047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Jetton General Contractin-  
g, Inc.

Occupation  
Construction

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI00995

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David Jessee

Mailing Address P.O. Box 351

City

Pennington Gap

State

VA

Zip Code

24277

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Woodway Stone Company

Occupation  
Owner/President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI00996

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. George D. Jia

Mailing Address 844 W Outer Dr

City

Oak Ridge

State

TN

Zip Code

37830-8402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00997

Amount of Each Receipt this Period

650.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 515 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James G. Jimenez

Mailing Address 585 Joandra Court

City

Los Altos

State

CA

Zip Code

94024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI00998

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul G. Johansing

Mailing Address 4983 Poseidon Way

City

Oceanside

State

CA

Zip Code

92056-7417

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI00999

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Agnes Robinson Johnson

Mailing Address 62 Hebron Church Road

City

Saxe

State

VA

Zip Code

23967-5122

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Berry Hill Nursing Home

Occupation  
C.N.A.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01000

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 516 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Carroll Johnson

Mailing Address 3148 Saint Charles Place

City

Ellicott City

State

MD

Zip Code

21042-2134

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fulcrum I.T. Services Com-  
pany

Occupation  
C.F.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01001

Amount of Each Receipt this Period

330.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gregory Paul Johnson

Mailing Address 5026 Trenton Street

City

Tampa

State

FL

Zip Code

33619-6832

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
General Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01002

Amount of Each Receipt this Period

205.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James R. Johnson

Mailing Address 50105 Bayview Avenue

City

Rush City

State

MN

Zip Code

55069-2511

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01003

Amount of Each Receipt this Period

330.00

**SUBTOTAL** of Receipts This Page (optional) .....

865.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 517 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Kathleen Johnson

Mailing Address 17292 South F.M. 225

City

Douglass

State

TX

Zip Code

75943

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01004

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Nell George Johnson

Mailing Address 211 2Nd Street N.W.  
Apartment 2103

City

Rochester

State

MN

Zip Code

55901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01005

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Peter H. Johnson

Mailing Address P.O. Box 438

City

Saint Albans

State

MO

Zip Code

63073-0438

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1430.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01006

Amount of Each Receipt this Period

1430.00

**SUBTOTAL** of Receipts This Page (optional) .....

1900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 518 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard A. Johnson

Mailing Address 7 Azalea Road

City

Winchester

State

MA

Zip Code

01890-2220

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01007

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Theodore S. Johnson

Mailing Address 3251 Muirfield Drive

City

Colorado Springs

State

CO

Zip Code

80907

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Anesthesia Associates Of  
Colorado Spri

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01008

Amount of Each Receipt this Period

255.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Carey Johnston

Mailing Address 1064 Stokes Road

City

Canton

State

MS

Zip Code

39046-8407

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Endodontist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01009

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1755.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 519 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Francis Johnston

Mailing Address 13815 Tiger Bend Road

City

Baton Rouge

State

LA

Zip Code

70817-4526

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01010

Amount of Each Receipt this Period

280.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Milton Johnston

Mailing Address 19 E. Palmer Bend

City

The Woodlands

State

TX

Zip Code

77381

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01011

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard L. Joiner

Mailing Address 9501 Cypress Hammock Circle  
Apartment 201

City

Bonita Springs

State

FL

Zip Code

34135-2058

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01012

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1780.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 520 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Daniel S. Jones

Mailing Address 450 Rosemeate Lane

City

Naples

State

FL

Zip Code

34105-7154

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Newsbank, Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01013

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Hoyle C. Jones

Mailing Address P.O. Box 169

City

Mill Neck

State

NY

Zip Code

11765-0169

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01014

Amount of Each Receipt this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Neil Jones

Mailing Address 165 N. Tanglewood Drive

City

Quarryville

State

PA

Zip Code

17566-9287

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
General Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01015

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 521 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mrs. Peter Jones

Mailing Address 290 Shisler Court

City

Newark

State

DE

Zip Code

19702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	1	1

Transaction ID: 2011M02L11AI01016

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Scott R. Jones

Mailing Address 508 Ashford Drive

City

Longmont

State

CO

Zip Code

80504-2529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	1	1

Transaction ID: 2011M02L11AI01017

Amount of Each Receipt this Period

120.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Scott R. Jones

Mailing Address 508 Ashford Drive

City

Longmont

State

CO

Zip Code

80504-2529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	1

Transaction ID: 2011M02L11AI01018

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

520.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 522 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Victor M. Jones

Mailing Address 2050 Eden Avenue

City

Glendale

State

CA

Zip Code

91206

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01019

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Sally Jordan

Mailing Address 795 Old Woods Road

City

Columbus

State

OH

Zip Code

43235-1248

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01020

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. L. D. Jorndt

Mailing Address 1038 Cayuga Drive

City

Northbrook

State

IL

Zip Code

60062-4306

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01021

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 523 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Habib Joudeh

Mailing Address 2415 E. 18Th Street

City

Brooklyn

State

NY

Zip Code

11235

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01022

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stanley A. Judd

Mailing Address P.O. Box 17

City

Fairbury

State

NE

Zip Code

68352-0017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01023

Amount of Each Receipt this Period

210.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Virgil Jurgensmeyer

Mailing Address 1920 7Th Avenue N.E.

City

Miami

State

OK

Zip Code

74354

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01024

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1610.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 524 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Cummings Kai

Mailing Address 300 Vinings Way Blvd.  
 Apartment 7207

City State Zip Code  
 Destin FL 32541-5364

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01025

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Elmer R. Kalchik

Mailing Address 5401 N. Jelinek Road

City State Zip Code  
 Northport MI 49670-9576

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01026

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Teresa L. Kamm

Mailing Address 3966 E. Brookhaven Drive N.E.

City State Zip Code  
 Atlanta GA 30319-2808

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01027

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 525 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Dale E. Kandt

Mailing Address 44233 State Highway 89

City  
WalshState  
COZip Code  
81090-9600FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Corporate Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	1

Transaction ID: 2011M02L11AI01028

Amount of Each Receipt this Period

650.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas J. Kane

Mailing Address 1070 Aalapapa Drive

City  
KailuaState  
HIZip Code  
96734-3269FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	1

Transaction ID: 2011M02L11AI01029

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Allen S. Kaplan

Mailing Address 5 Ridge Drive E.

City  
Great NeckState  
NYZip Code  
11021FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Metro SystemsOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	1	/	2	0	1	1

Transaction ID: 2011M02L11AI01030

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

2150.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 526 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Ms. Barbara Kaplan

Mailing Address 5695 Riley Terrace N.W.

City	State	Zip Code
Atlanta	GA	30327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	1	1

Transaction ID: 2011M02L11AI01031

Amount of Each Receipt this Period

205.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. George W. Karr

Mailing Address 61 Gessner Road

City	State	Zip Code
Kintnersville	PA	18930-9628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: 2011M02L11AI01032

Amount of Each Receipt this Period

240.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David Katz

Mailing Address 178 High Street

City	State	Zip Code
Mullica Hills	NJ	08062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
C2 ElementsOccupation  
Computer Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

511.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: 2011M02L11AI01033

Amount of Each Receipt this Period

381.00

SUBTOTAL of Receipts This Page (optional) .....

826.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 527 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. David Katz

Mailing Address 178 High Street

City

Mullica Hills

State

NJ

Zip Code

08062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
C2 Elements

Occupation

Computer Consultant

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

511.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01034

Amount of Each Receipt this Period

130.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Christopher J. Kearns

Mailing Address 25 Canterbury Road

City

Rockville Centre

State

NY

Zip Code

11570

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Capstone Advisory Group,  
L.L.C.

Occupation

Financial Consultant

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01035

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Frank D. Keck

Mailing Address 330 Treyton Place

City

Noble

State

OK

Zip Code

73068-9386

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01036

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1380.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 528 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joe Kehoe

Mailing Address 2912 Thomas Smith Lane

City

Williamsburg

State

VA

Zip Code

23185

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01037

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert E. Keith, Jr.

Mailing Address 975 Garrett Mill Road

City

Newtown Square

State

PA

Zip Code

19073-1005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
T.L. Ventures

Occupation  
Venture Capitalist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01038

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James C. Kellam, Jr.

Mailing Address 2234 Via Luna

City

Winter Park

State

FL

Zip Code

32789-1383

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01039

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

3200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 529 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James H. Keller

Mailing Address 8909 Crown Colony Blvd.

City

Fort Myers

State

FL

Zip Code

33908-5616

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01040

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Tommy N. Kellogg

Mailing Address 38 Meadowbank Road

City

Old Greenwich

State

CT

Zip Code

06870-2312

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
W.R. Berkley Corporation

Occupation  
Reinsurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01041

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David C. Kelly

Mailing Address 704 Rock Spring Road

City

Naperville

State

IL

Zip Code

60565-4385

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01042

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

770.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 530 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Edward Kelly

Mailing Address 2255 Sargent Avenue

City

Saint Paul

State

MN

Zip Code

55105-1157

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Twin Lakes Orthopedics

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01043

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph H. Kelly

Mailing Address 809 LeBlanc Way

City

Pensacola

State

FL

Zip Code

32505-3038

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI01044

Amount of Each Receipt this Period

235.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Kate Kelly

Mailing Address 6220 Lullaby Pine Court

City

Las Vegas

State

NV

Zip Code

89130-1404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01045

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

785.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 531 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Loyd G. Kelly

Mailing Address 171 Terrace Mountain Drive

City

Hendersonville

State

NC

Zip Code

28739-4211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	1

Transaction ID: 2011M02L11AI01046

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas C. Kelly

Mailing Address 8317 Woodlea Mill Road

City

Mc Lean

State

VA

Zip Code

22102-2322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	1	1

Transaction ID: 2011M02L11AI01047

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Adm. Frank B. Kelso, II

Mailing Address 102 Golf Drive

City

Fayetteville

State

TN

Zip Code

37334-2270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	1

Transaction ID: 2011M02L11AI01048

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional) .....

3220.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 532 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas W. Kemp

Mailing Address 816 Timberlake Ct

City  
**Dayton**

State  
**OH**

Zip Code  
**45429-3494**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Self Employed

Occupation  
**Consulting Cfo**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**01 / 06 / 2011**

**Transaction ID: 2011M02L11AI01049**

Amount of Each Receipt this Period

**500.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ron Kendall

Mailing Address 101 Benoist Farms Road

City

**West Palm Beach**

State

**FL**

Zip Code

**33411-3734**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
**Self-Employed**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**550.00**

Date of Receipt

**01 / 13 / 2011**

**Transaction ID: 2011M02L11AI01050**

Amount of Each Receipt this Period

**550.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert N. Kendig

Mailing Address 799 Blairmont Lane

City

**Lake Mary**

State

**FL**

Zip Code

**32746-7029**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
**Retired**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**01 / 20 / 2011**

**Transaction ID: 2011M02L11AI01051**

Amount of Each Receipt this Period

**250.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**1300.00**

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 533 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. G. Kenneth Kenewell

Mailing Address 11122 W. Venturi Drive

City

Sun City

State

AZ

Zip Code

85351-4675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: 2011M02L11AI01052

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. G. Kenneth Kenewell

Mailing Address 11122 W. Venturi Drive

City

Sun City

State

AZ

Zip Code

85351-4675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: 2011M02L11AI01053

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Donald P. Kennedy

Mailing Address 1628 La Loma Drive

City

Santa Ana

State

CA

Zip Code

92705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	1	/	2	0	1	1

Transaction ID: 2011M02L11AI01054

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 534 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William A. Kennedy

Mailing Address 4970 Highway 279

City

Brownwood

State

TX

Zip Code

76801-9006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01055

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Aline L. Kenney

Mailing Address P.O. Box 1716

City

Plainville

State

MA

Zip Code

02762-0716

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
R. J. Kenney Associates  
Inc.

Occupation  
C. F. O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01056

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dennis Kenny

Mailing Address 115 N. Oak Park Avenue

City

Oak Park

State

IL

Zip Code

60301-1040

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kenny & Kenny, P.C.

Occupation  
Certified Public Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01057

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

1495.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 535 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joe Kenworthy

Mailing Address 3800 W. 71st Street  
Apartment 2111

City State Zip Code  
Tulsa OK 74132-2154

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Oil Producer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01058

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Warren M. Kenyon

Mailing Address 1101 E. Main Street

City State Zip Code  
South Elgin IL 60177-1709

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01059

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John R. Keough

Mailing Address 1407 W. Joy Road

City State Zip Code  
Ann Arbor MI 48105-9204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Applied Process, Inc.

Occupation  
Engineer/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01060

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 536 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert E. Keppel

Mailing Address 5045 Park Terrace

City

Minneapolis

State

MN

Zip Code

55436-1098

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01061

Amount of Each Receipt this Period

330.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. A. Reif Kessler

Mailing Address 1898 Braeburn Drive

City

Salem

State

VA

Zip Code

24153-7304

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Salem Surgical Associates

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01062

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Vahe Khroyan

Mailing Address 22339 N. 77Th Street

City

Scottsdale

State

AZ

Zip Code

85255-4834

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01063

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

655.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 537 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Vahe Khroyan

Mailing Address 22339 N. 77Th Street

City

Scottsdale

State

AZ

Zip Code

85255-4834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: 2011M02L11AI01064

Amount of Each Receipt this Period

155.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Daryl Kiedrowski

Mailing Address N72W16050 Good Hope Road

City

Menomonee Falls

State

WI

Zip Code

53051-4552

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chrysler CorporationOccupation  
Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	1

Transaction ID: 2011M02L11AI01065

Amount of Each Receipt this Period

330.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John S. Kiesendahl

Mailing Address P.O. Box 280 #1

City

Hawley

State

PA

Zip Code

18428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Resort C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	1

Transaction ID: 2011M02L11AI01066

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

735.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 538 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Howard W. Kietzman, Jr.

Mailing Address 2013 High Street

City

Leavenworth

State

KS

Zip Code

66048-2169

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01067

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Howard W. Kietzman, Jr.

Mailing Address 2013 High Street

City

Leavenworth

State

KS

Zip Code

66048-2169

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01068

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joseph Killeen

Mailing Address 165 Ansley Way

City

Roswell

State

GA

Zip Code

30075-6871

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01069

Amount of Each Receipt this Period

825.00

**SUBTOTAL** of Receipts This Page (optional) .....

2325.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 539 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mrs. Carolyn Killefer

Mailing Address 1661 Pine Street

City

San Francisco

State

CA

Zip Code

94109-0401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	1	1

Transaction ID: 2011M02L11AI01070

Amount of Each Receipt this Period

340.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jerry Killingstad

Mailing Address 20675 Cypress Rnch

City

Castro Valley

State

CA

Zip Code

94552-2654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: 2011M02L11AI01071

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Frank T Kimball

Mailing Address 5757 Phantom Dr., Suite 300

City

Hazelwood

State

MO

Zip Code

63042-2429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Avchem, Inc.Occupation  
Executive-Sr. Vp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	1	1

Transaction ID: 2011M02L11AI01072

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

840.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 540 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael Kindle

Mailing Address 6349 Bordeaux Avenue

City

Dallas

State

TX

Zip Code

75209-5701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Corporate Press, Inc.Occupation  
Estimator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	1

Transaction ID: 2011M02L11AI01073

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kirk Kindsfater

Mailing Address 1713 Brentford Lane

City

Fort Collins

State

CO

Zip Code

80525-4704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	1	1

Transaction ID: 2011M02L11AI01074

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John King

Mailing Address 715 Buehler Acres Drive

City

Berthoud

State

CO

Zip Code

80513-8137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: 2011M02L11AI01075

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

720.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 541 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard King

Mailing Address 333 Haynes Street

City

Memphis

State

TN

Zip Code

38111

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01076

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert S. King

Mailing Address P. O. Box 3067

City

Wilmington

State

NC

Zip Code

28406-0067

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
New Car Dealer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01077

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William W. Kingery, Jr.

Mailing Address 312 Quito Place

City

Castle Rock

State

CO

Zip Code

80108-9019

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01078

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 542 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Harry Greenwood Kingsbery

Mailing Address 6350 Etheridge Lane

City

Manassas

State

VA

Zip Code

20112-8820

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Booz Allen Hamilton

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01079

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Alma Kinsley

Mailing Address 3485 Woodridge Lane

City

Palm Harbor

State

FL

Zip Code

34684-3049

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01080

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. King P. Kirchner

Mailing Address 7130 S. Lewis Avenue  
Suite 900

City

Tulsa

State

OK

Zip Code

74136-1253

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01081

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 543 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas H. Kirk, Jr.

Mailing Address 2222 W. Hazelhurst Court

City

Anthem

State

AZ

Zip Code

85086-1134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: 2011M02L11AI01082

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Miklos J. Kiss

Mailing Address 19534 Keno Avenue

City

Jamaica

State

NY

Zip Code

11423-1240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	1

Transaction ID: 2011M02L11AI01083

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Tim P. Kissane

Mailing Address 1440 Dalia Street

City

Fort Pierce

State

FL

Zip Code

34951

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Door Greeter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	1

Transaction ID: 2011M02L11AI01084

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 544 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Tim P. Kissane

Mailing Address 1440 Dalia Street

City

Fort Pierce

State

FL

Zip Code

34951

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Door Greeter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01085

Amount of Each Receipt this Period

115.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Carole Klang

Mailing Address 800 Fifth Ave

City

New York

State

NY

Zip Code

10065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rms

Occupation

Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01086

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David J. Kleindl

Mailing Address 1222 W. Circle Drive

City

Beaver Dam

State

WI

Zip Code

53916-1208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01087

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

715.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 545 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. David J. Kleindl

Mailing Address 1222 W. Circle Drive

City

Beaver Dam

State

WI

Zip Code

53916-1208

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01088

Amount of Each Receipt this Period

460.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Jean Klembeth

Mailing Address 1251 Swamp Road

City

Furlong

State

PA

Zip Code

18925

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01089

Amount of Each Receipt this Period

230.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Wes Ellis Klett

Mailing Address 2300 43Rd Avenue

City

Greeley

State

CO

Zip Code

80634-3812

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Xf Enterprises, Inc

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01090

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional) .....

1440.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 546 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Arland T. Kline

Mailing Address P.O. Box 557820

City

Miami

State

FL

Zip Code

33255-7820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	1

Transaction ID: 2011M02L11AI01091

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Leonard Klorfine

Mailing Address 1450 Madroua Drive

City

Seattle

State

WA

Zip Code

98122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	1		2	0	1	1

Transaction ID: 2011M02L11AI01092

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joe R. Klutts

Mailing Address 328 W. Martial Avenue

City

Lafayette

State

LA

Zip Code

70508-6711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Geologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	1

Transaction ID: 2011M02L11AI01093

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1470.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 547 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Marjorie E. Kniep

Mailing Address 6425 Eagle Ridge Drive

City

Vallejo

State

CA

Zip Code

94591-8392

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01094

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William Knight

Mailing Address 600 Leah Avenue  
Apartment 1400

City

San Marcos

State

TX

Zip Code

78666-7632

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01095

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mark A. Knust

Mailing Address 5773 Woodway Drive #820

City

Houston

State

TX

Zip Code

77057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01096

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

720.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mark A. Knust

Mailing Address 5773 Woodway Drive #820

City State Zip Code  
**Houston TX 77057**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**01 / 31 / 2011**

**Transaction ID: 2011M02L11AI01097**

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gary Koch

Mailing Address 9 Central Avenue

City State Zip Code  
**Kennebunkport ME 04046-6362**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

**01 / 25 / 2011**

**Transaction ID: 2011M02L11AI01098**

Amount of Each Receipt this Period

1650.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Delbert Kohtz

Mailing Address 1135 Valley Road

City State Zip Code  
**Eden ID 83325-5245**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**01 / 20 / 2011**

**Transaction ID: 2011M02L11AI01099**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2650.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 549 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Andy Kolasa

Mailing Address 1525 Christina Lane

City

Northbrook

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01100

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard Komarek

Mailing Address 1417 Spyglass Ct.

City

Itasca

State

IL

Zip Code

60143

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
K.R. Komarek, Inc.

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01101

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Harry W. Konkel

Mailing Address 71 Carroll Street

City

Portland

State

ME

Zip Code

04102-3522

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI01102

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 550 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Linus Koopmeiners

Mailing Address 18254 Red Maple Drive

City

Albany

State

MN

Zip Code

56307-4504

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01103

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John Kopin

Mailing Address 28539 Kirkside Lane

City

Farmington Hills

State

MI

Zip Code

48334-2653

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oakland County

Occupation  
Dental Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01104

Amount of Each Receipt this Period

120.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John Kopin

Mailing Address 28539 Kirkside Lane

City

Farmington Hills

State

MI

Zip Code

48334-2653

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oakland County

Occupation  
Dental Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01105

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

470.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 551 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. William L. Kopp

Mailing Address 2 Waterford Place

City

Jackson

State

MS

Zip Code

39211-2945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01106

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Harry Kord

Mailing Address 2918 Ferris Avenue

City

Royal Oak

State

MI

Zip Code

48073-3523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01107

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Harry Kord

Mailing Address 2918 Ferris Avenue

City

Royal Oak

State

MI

Zip Code

48073-3523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01108

Amount of Each Receipt this Period

255.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 552 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jeff Kositch

Mailing Address 5700 Boscell Commons

City State Zip Code  
**Fremont CA 94538**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mission Electric Company

Occupation  
Electrical Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 0 7 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01109**

Amount of Each Receipt this Period

305.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. William J. Kottemann

Mailing Address 835 Partenwood Road

City State Zip Code  
**Long Lake MN 55356-9730**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Private Practice

Occupation  
Orthodontist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 0 6 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01110**

Amount of Each Receipt this Period

330.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard Kotzur

Mailing Address 34054 Farm 490

City State Zip Code  
**Edinburg TX 78541**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kotzur Farms Trucking, In-  
c.

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 3 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01111**

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

855.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 553 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ernest A. Koury

Mailing Address P.O. Box 850

City

Burlington

State

NC

Zip Code

27216

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

**Transaction ID:** 2011M02L11AI01112

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph R. Kovalski

Mailing Address 5440 Radcliffe Road

City

Sylvania

State

OH

Zip Code

43560-3738

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Lathrop Co

Occupation  
Construction Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

**Transaction ID:** 2011M02L11AI01113

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Joann S. Kramer

Mailing Address 12 Weathersfield Bow

City

Essex Junction

State

VT

Zip Code

05452-2645

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

**Transaction ID:** 2011M02L11AI01114

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

770.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 554 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert S. Kramer

Mailing Address 1233 N. Gulfstream Avenue  
Unit 1403

City State Zip Code  
**Sarasota FL 34236-8953**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 3 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01115**

Amount of Each Receipt this Period

505.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert S. Kramer

Mailing Address 1233 N. Gulfstream Avenue  
Unit 1403

City State Zip Code  
**Sarasota FL 34236-8953**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 6 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01116**

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Christian Q. Krapf

Mailing Address 1933 O' Neill Road

City State Zip Code  
**Macedon NY 14502**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
W.A. Krapf Inc.

Occupation  
Assist. Director Of Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 2 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01117**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

955.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 555 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bruce E. Kressler

Mailing Address 16974 Scandia Court N.W.

City State Zip Code  
**Poulsbo WA 98370-7050**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**01 / 13 / 2011**

**Transaction ID: 2011M02L11AI01118**

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Christina Krueger

Mailing Address 8779 Voight Avenue

City State Zip Code  
**Grosse Ile MI 48138-1059**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

**01 / 19 / 2011**

**Transaction ID: 2011M02L11AI01119**

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Stephen M. Kruk

Mailing Address 1830 Rochester Street

City State Zip Code  
**Lima NY 14485-9621**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kruk & Campbell, P. C.

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**01 / 06 / 2011**

**Transaction ID: 2011M02L11AI01120**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

**970.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 556 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Sam R. Kuehn

Mailing Address 31418 Helen Lane

City	State	Zip Code
Tomball	TX	77375

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Meadotask Homes Inc.Occupation  
Builder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	1	1

Transaction ID: 2011M02L11AI01121

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Andreas J. Kuhn

Mailing Address 8021 Cope Lane

City	State	Zip Code
Brighton	IL	62012-2154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	1	1

Transaction ID: 2011M02L11AI01122

Amount of Each Receipt this Period

165.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Andreas J. Kuhn

Mailing Address 8021 Cope Lane

City	State	Zip Code
Brighton	IL	62012-2154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: 2011M02L11AI01123

Amount of Each Receipt this Period

165.00

SUBTOTAL of Receipts This Page (optional) .....

580.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 557 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Milton R. Kupper

Mailing Address 537 Wedgewood Drive

City

Gulf Shores

State

AL

Zip Code

36542-3025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01124

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Milton R. Kupper

Mailing Address 537 Wedgewood Drive

City

Gulf Shores

State

AL

Zip Code

36542-3025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01125

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Yasuo Kuwaye

Mailing Address 116 Kanoelani Street

City

Hilo

State

HI

Zip Code

96720-5421

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01126

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 558 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth La Grande

Mailing Address P.O. Box 790

City

Williams

State

CA

Zip Code

95987

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	1	/	2	0	1	1

Transaction ID: 2011M02L11AI01127

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Lackman

Mailing Address 240 Tavistock Ave

City

Los Angeles

State

CA

Zip Code

90049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ardmore Group

Occupation

Self Employed

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	1	1

Transaction ID: 2011M02L11AI01128

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Russell Ladd

Mailing Address 4254 Jordan Lane

City

Mobile

State

AL

Zip Code

36608-2614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	1	1

Transaction ID: 2011M02L11AI01129

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

1600.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 559 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mrs. Kathryn B. Laesch

Mailing Address 11073 Ptarmigan Court

City	State	Zip Code
Noblesville	IN	46060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	1

Transaction ID: 2011M02L11AI01130

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Anthony M. Laino

Mailing Address 311 Megan Court

City	State	Zip Code
Wyckoff	NJ	07481-2966

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Real Estate Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	1

Transaction ID: 2011M02L11AI01131

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard F. Lamb

Mailing Address 1 Woodchuck Way

City	State	Zip Code
Kennett Square	PA	19348-2320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	1

Transaction ID: 2011M02L11AI01132

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 560 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert G. Lambert

Mailing Address 5240 Royal Crest Drive

City

Dallas

State

TX

Zip Code

75229-5539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01133

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gary J. Lamon

Mailing Address 410 E. Main Street

City

Le Roy

State

MN

Zip Code

55951-6731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI01134

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert G. Lander

Mailing Address 4633 Harvest Circle

City

Grand Forks

State

ND

Zip Code

58201-7946

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01135

Amount of Each Receipt this Period

285.00

**SUBTOTAL** of Receipts This Page (optional) .....

1035.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 561 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Christopher Landry

Mailing Address P.O. Box 280

City

Maurice

State

LA

Zip Code

70555-0280

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Owner/Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	1

Transaction ID: 2011M02L11AI01136

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Donald E. Lang

Mailing Address 14550 Black Ankle Road

City

Mount Airy

State

MD

Zip Code

21771-9120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Technical Renovations, In-  
c.

Occupation

Machinist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	1	1

Transaction ID: 2011M02L11AI01137

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Ruth Langlas

Mailing Address 2961 N. Slope Trail

City

Billings

State

MT

Zip Code

59102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
At Home

Occupation

Home

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	1

Transaction ID: 2011M02L11AI01138

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 562 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Ted B. Lanier

Mailing Address 1818 Windmill Drive

City	State	Zip Code
Sanford	NC	27330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	1

Transaction ID: 2011M02L11AI01139

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kevin J. Lanigan

Mailing Address 2904 Via Anacapa

City	State	Zip Code
Palos Verdes Estat	CA	90274-4338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
K.J.L. ConsultingOccupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	1		2	0	1	1

Transaction ID: 2011M02L11AI01140

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Paulette Lantz

Mailing Address 496 Prospect Terrace

City	State	Zip Code
Pasadena	CA	91103-3248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	1

Transaction ID: 2011M02L11AI01141

Amount of Each Receipt this Period

380.00

SUBTOTAL of Receipts This Page (optional) .....

995.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 563 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles Laporte

Mailing Address P.O. Box 216

City

Hennessey

State

OK

Zip Code

73742-0216

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oklahoma Farm Bureau

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01142

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Allan H. Larsen

Mailing Address P.O. Box 637

City

Mcminnville

State

OR

Zip Code

97128-0637

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Larsen Motor Company, Inc.

Occupation

Auto Dealer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01143

Amount of Each Receipt this Period

205.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Becky Larson

Mailing Address 7500 E. Boulders Parkway

City

Scottsdale

State

AZ

Zip Code

85266-1210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01144

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

705.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 564 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Glenn Larson

Mailing Address 1491 Wilder Dr.

City

Springfield

State

MO

Zip Code

65804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Larson Group

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01145

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David R. Latchford

Mailing Address P.O. Box 794608

City

Dallas

State

TX

Zip Code

75379-4608

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Operating, Inc.

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01146

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David R. Latchford

Mailing Address P.O. Box 794608

City

Dallas

State

TX

Zip Code

75379-4608

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Operating, Inc.

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01147

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 565 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Douglas F. Latimer

Mailing Address 911 Bayridge Road

City

La Porte

State

TX

Zip Code

77571-3518

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
M. R. E.

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01148

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David F. Lau

Mailing Address 5215 Winlane Drive

City

Bloomfield

State

MI

Zip Code

48302-2961

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Chartered Life Underwriter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01149

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert B. Lau

Mailing Address 5141 S. 90Th Street

City

Lincoln

State

NE

Zip Code

68526

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
D.A. Davidson

Occupation  
Financial Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01150

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 566 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Rod Laughlin

Mailing Address 2005 Westbourne Way

City

Alpharetta

State

GA

Zip Code

30022-3113

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Regency Hospital Co.

Occupation

Business Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01151

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael J. Lavoie

Mailing Address 8 Ashmont Avenue

City

Newton

State

MA

Zip Code

02458-1208

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Saint Francis Hospital

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01152

Amount of Each Receipt this Period

310.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David P. Lawrenz

Mailing Address 6877 Memorial Highway

City

Ottawa Lake

State

MI

Zip Code

49267-5908

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01153

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1060.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 567 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles Lawson

Mailing Address 9201 Madrone Ranch Trail

City State Zip Code  
**Austin TX 78738**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 9 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01154**

Amount of Each Receipt this Period

440.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jim Lawson

Mailing Address 6201 Highway 20

City State Zip Code  
**Ukiah CA 95482-9254**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 3 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01155**

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Edward F. Lawton

Mailing Address 4801 Carriagepark Road

City State Zip Code  
**Fairfax VA 22032-2359**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 0 5 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01156**

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

**840.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 568 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Edward F. Lawton

Mailing Address 4801 Carriagepark Road

City

Fairfax

State

VA

Zip Code

22032-2359

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01157

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Timothy Lawton

Mailing Address 8 Applegate Way

City

Ossining

State

NY

Zip Code

10562

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01158

Amount of Each Receipt this Period

1005.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John J. Lazzeroni, Sr.

Mailing Address 1415 S. Cherry Avenue

City

Tucson

State

AZ

Zip Code

85713

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
J. & M. Corporation

Occupation  
Corporate Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01159

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1455.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 569 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Albert Leader

Mailing Address P.O. Box 1714

City State Zip Code  
**Pinehurst NC 28370**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

**01 / 25 / 2011**

**Transaction ID: 2011M02L11AI01160**

Amount of Each Receipt this Period

270.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Stanton S. Leboutz

Mailing Address 175 Hidden Hills Farm Lane

City State Zip Code  
**York PA 17403**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**01 / 11 / 2011**

**Transaction ID: 2011M02L11AI01161**

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Stanton S. Leboutz

Mailing Address 175 Hidden Hills Farm Lane

City State Zip Code  
**York PA 17403**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**01 / 19 / 2011**

**Transaction ID: 2011M02L11AI01162**

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

**520.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 570 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard S. Ledermann

Mailing Address P.O. Box 1274

City

Houston

State

TX

Zip Code

77251-1274

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Olshan Lumber Company

Occupation

Owner Lumber Busines

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	1

Transaction ID: 2011M02L11AI01163

Amount of Each Receipt this Period

450.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Peter R. Ledoux

Mailing Address 2 Buckingham Court

City

San Antonio

State

TX

Zip Code

78257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
P.R.M.A.

Occupation

Plastic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	1

Transaction ID: 2011M02L11AI01164

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Ann U Lee

Mailing Address 2801 Stratford Hall Drive

City

Raleigh

State

NC

Zip Code

27614-6847

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wake County Public School  
System

Occupation

Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	1

Transaction ID: 2011M02L11AI01165

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional) .....

1170.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 571 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bryce G. Lee

Mailing Address 222 Broad Street

City

Nevada City

State

CA

Zip Code

95959-2502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation

Small Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01166

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Carl E. Lee

Mailing Address 1902 Chevy Chase Blvd.

City

Kalamazoo

State

MI

Zip Code

49008-2255

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01167

Amount of Each Receipt this Period

215.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Frank J. Lee

Mailing Address 3006 Mcniel Avenue  
Apartment 412

City

Wichita Falls

State

TX

Zip Code

76309

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01168

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

935.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 572 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. George C. Lee

Mailing Address 1749 Las Palmitas Street

City

South Pasadena

State

CA

Zip Code

91030-3530

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Physicisn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01169

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Karl O. Lee

Mailing Address 1919 12Th Avenue S.E.

City

Aberdeen

State

SD

Zip Code

57401-7320

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01170

Amount of Each Receipt this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert M. Lee

Mailing Address 970 Icehouse Avenue

City

Sparks

State

NV

Zip Code

89431-5783

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI01171

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 573 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Young Man Lee

Mailing Address 10525 Lawson River Avenue

City State Zip Code  
**Fountain Valley CA 92708-6910**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
East West, Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01172**

Amount of Each Receipt this Period

460.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Phyllis C. Leet

Mailing Address 4211 Misty Morning Way  
 Apartment 2401

City State Zip Code  
**Gainesville GA 30506-4354**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 5 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01173**

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert J. Leever

Mailing Address P.O. Box 957

City State Zip Code  
**Devils Lake ND 58301-0957**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Grocer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 6 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01174**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

**1360.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 574 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Gerald J. Leglue

Mailing Address P.O. Box 7178

City

Alexandria

State

LA

Zip Code

71306-0178

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Le Glue AutomotiveOccupation  
Auto Dealer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	1

Transaction ID: 2011M02L11AI01175

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ernest Lehmann

Mailing Address 1982 Kenwood Parkway

City

Minneapolis

State

MN

Zip Code

55405-2220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Contract Mineral Ve-  
ntures, Inc.Occupation  
Geologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	1

Transaction ID: 2011M02L11AI01176

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Vernon C. Leif

Mailing Address 3 Pursuit  
Apartment 14A

City

Aliso Viejo

State

CA

Zip Code

92656-4213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	1

Transaction ID: 2011M02L11AI01177

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

2550.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 575 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Scott A. Lemaire

Mailing Address 3419 Lawson Drive

City

Pearland

State

TX

Zip Code

77584-8724

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baylor College Of Medicine

Occupation  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01178

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Leman

Mailing Address 4708 Redberry Hill Street

City

Baytown

State

TX

Zip Code

77521-9401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01179

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Leman

Mailing Address 4708 Redberry Hill Street

City

Baytown

State

TX

Zip Code

77521-9401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01180

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional) .....

1020.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 576 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Jay Lenore

Mailing Address 3543 Quail View Street

City

Spring Valley

State

CA

Zip Code

91977-2844

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
John Lenore & Co.

Occupation

U.P. Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	1

Transaction ID: 2011M02L11AI01181

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lawrence Lenzner

Mailing Address 474 48Th Avenue  
Apartment 12A

City

Long Island

State

NY

Zip Code

11109-5612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Patterson Belknap Webb &  
Tyler

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	1

Transaction ID: 2011M02L11AI01182

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Burt Leonard

Mailing Address 13524 Fm 362 Rd.

City

Waller

State

TX

Zip Code

77484

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	1

Transaction ID: 2011M02L11AI01183

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1720.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 577 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Steve P. Leonard

Mailing Address P.O. Box 1575

City

Breckenridge

State

TX

Zip Code

76424-1575

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Breckenridge Auto & Engine  
Supply

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01184

Amount of Each Receipt this Period

330.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Esther Leonorovitz

Mailing Address 590 E 4th St

City

Brooklyn

State

NY

Zip Code

11218

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01185

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Ona F. Lester

Mailing Address 1101 Humphries Road N.W.

City

Conyers

State

GA

Zip Code

30012-2015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01186

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

660.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 578 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Ona F. Lester

Mailing Address 1101 Humphries Road N.W.

City State Zip Code  
**Conyers GA 30012-2015**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 5 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01187**

Amount of Each Receipt this Period

135.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Ona F. Lester

Mailing Address 1101 Humphries Road N.W.

City State Zip Code  
**Conyers GA 30012-2015**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 5 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01188**

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Ona F. Lester

Mailing Address 1101 Humphries Road N.W.

City State Zip Code  
**Conyers GA 30012-2015**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 8 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01189**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

205.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 579 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Doris M. Lewis

Mailing Address 2341 S. Buenos Aires Drive

City State Zip Code  
**Covina CA 91724**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
C.F.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 0 5 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01190**

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Doris M. Lewis

Mailing Address 2341 S. Buenos Aires Drive

City State Zip Code  
**Covina CA 91724**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
C.F.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 8 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01191**

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James E. Lewis

Mailing Address 1328 Jenks Ave

City State Zip Code  
**Panama City FL 32401-2443**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Express Lane, Inc.

Occupation  
Store Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01192**

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 580 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stewart Lewis

Mailing Address 3204 Middleboro Way

City

Dublin

State

OH

Zip Code

43017-1729

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Underwriters Laboratories

Occupation  
Inspector

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01193

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William R. Lewis

Mailing Address 11901 Middle Fork Road

City

Lincoln

State

NE

Zip Code

68526-9480

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
C.P.A.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01194

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Douglass Libby

Mailing Address 2169 County Road

City

Woodville

State

TX

Zip Code

75979-5363

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01195

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 581 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. William A. Liffers

Mailing Address 129 Brewster Drive

City

Wyckoff

State

NJ

Zip Code

07481-2155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01196

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Champ Ligon, Jr.

Mailing Address 1710 Limehouse Court

City

Louisville

State

KY

Zip Code

40220-3827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01197

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jong Kook Lim

Mailing Address 2119 24Th Street

City

Astoria

State

NY

Zip Code

11105-3356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
N.Y.C. Medallion Taxi Driver

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01198

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

795.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 582 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Francis Lin

Mailing Address 730 High Street

City

State

Zip Code

Union City

TN

38261-4129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	1

Transaction ID: 2011M02L11AI01199

Amount of Each Receipt this Period

330.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William P. Lind

Mailing Address 65 Cassandra Blvd.  
Apartment 202

City

State

Zip Code

West Hartford

CT

06107-3149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	1	1

Transaction ID: 2011M02L11AI01200

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Philip E. Lippincott

Mailing Address P.O. Box 2159

City

State

Zip Code

Park City

UT

84060-2159

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	1	1

Transaction ID: 2011M02L11AI01201

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

855.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 583 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joe Little

Mailing Address P.O. Box 703

City

Crystal City

State

TX

Zip Code

78839-0703

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Rancher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.50

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01202

Amount of Each Receipt this Period

254.50

**B.**

Full Name (Last, First, Middle Initial)

Mr. David Livesay

Mailing Address 337 Waters Edge Drive S.

City

Ponte Verda Beach

State

FL

Zip Code

32082

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01203

Amount of Each Receipt this Period

205.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. James P. Livingston

Mailing Address 6313 Horsemans Canyon Drive

City

Walnut Creek

State

CA

Zip Code

94595

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01204

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

709.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 584 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Helen L. Loewi

Mailing Address 9621 N. Lake Drive

City

Milwaukee

State

WI

Zip Code

53217-6101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01205

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jeff Lofin

Mailing Address 6007 Financial Plaza

City

Shreveport

State

LA

Zip Code

71129

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01206

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Katherine Logan

Mailing Address 8304 N. Birdie Street

City

Milton

State

WI

Zip Code

53563-9773

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01207

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 585 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William E. Logan

Mailing Address 5 Links Court

City

Huntington

State

NY

Zip Code

11743-6447

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Crossroads

Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01208

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William E. Logan

Mailing Address 5 Links Court

City

Huntington

State

NY

Zip Code

11743-6447

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Crossroads

Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01209

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Maurice A. Logue

Mailing Address 205 16Th Street

City

Surf City

State

NJ

Zip Code

08008-5415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01210

Amount of Each Receipt this Period

330.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 586 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jimmie Cas Lomax

Mailing Address 2620 Summertown Highway

City State Zip Code  
**Hohenwald TN 38462**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Logger

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**01 / 21 / 2011**

**Transaction ID: 2011M02L11AI01211**

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Carla Lombardi

Mailing Address 54 Grist Mill Road

City State Zip Code  
**Glen Mills PA 19342**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

**01 / 20 / 2011**

**Transaction ID: 2011M02L11AI01212**

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Carla Lombardi

Mailing Address 54 Grist Mill Road

City State Zip Code  
**Glen Mills PA 19342**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

**01 / 21 / 2011**

**Transaction ID: 2011M02L11AI01213**

Amount of Each Receipt this Period

101.00

**SUBTOTAL** of Receipts This Page (optional) .....

**451.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 587 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Nicholas J. Lombardi

Mailing Address 3003 Oak Brook Drive

City

Oak Brook

State

IL

Zip Code

60523-1600

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
La Casa Del Pueblo

Occupation

Retail Grocery Produce - Meat

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01214

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Howard K. Loomis

Mailing Address P.O. Box 928

City

Pratt

State

KS

Zip Code

67124-0928

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Banker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01215

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Karl F. Loomis

Mailing Address 603 N. Kalamazoo Avenue

City

Marshall

State

MI

Zip Code

49068-1076

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01216

Amount of Each Receipt this Period

1005.00

**SUBTOTAL** of Receipts This Page (optional) .....

1805.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 588 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Joan T. Loos

Mailing Address 3111 Green Dolphin Lane

City

Naples

State

FL

Zip Code

34102-7915

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01217

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ines Lorenzo Gomez

Mailing Address 7122 Lago Drive East

City

Coral Gables

State

FL

Zip Code

33143-6512

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Premium Imports, Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01218

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Betsy H. Lottmann

Mailing Address 5780 Midnight Pass Road  
Apartment 701B

City

Sarasota

State

FL

Zip Code

34242-3060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01219

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1700.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 589 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Ms. Betsy H. Lottmann

Mailing Address 5780 Midnight Pass Road  
 Apartment 701B

City State Zip Code  
 Sarasota FL 34242-3060

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Homemaker

Occupation  
 Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01220

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. John L. Love

Mailing Address 1159 Sombria Court  
 P.O. Box 305

City State Zip Code  
 Pebble Beach CA 93953

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Requested

Occupation  
 Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01221

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mrs. Judith Love

Mailing Address 2065 Old Dominion Road

City State Zip Code  
 Atlanta GA 30350-4620

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Homemaker

Occupation  
 Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01222

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 590 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. James K. Lowder

Mailing Address 7901 Long Acre Street

City	State	Zip Code
Montgomery	AL	36116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Colonial CompanyOccupation  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: 2011M02L11AI01223

Amount of Each Receipt this Period

550.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Iva Lowry

Mailing Address P.O. Box 370

City	State	Zip Code
Cairo	NE	68824-0370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	1	/	2	0	1	1

Transaction ID: 2011M02L11AI01224

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joan Lozinak

Mailing Address 3021 Cool Branch Road  
P.O. Box 159

City	State	Zip Code
Churchville	MD	21028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	1	1

Transaction ID: 2011M02L11AI01225

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

1100.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 591 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles Lucas

Mailing Address 300 Coles Rd

City

Molt

State

MT

Zip Code

59057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01226

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph C. Lukens

Mailing Address 1601 Siefkin Lane

City

Wichita

State

KS

Zip Code

67208-2416

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
I.M.A. Of Kansas, Inc.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01227

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. James D. Luketich

Mailing Address 30 Sweet Water Lane

City

Pittsburgh

State

PA

Zip Code

15238-1901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University Of Pittsburgh  
Medical Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01228

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 592 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William S. Lund

Mailing Address 6632 N. 66Th Place

City

Paradise Valley

State

AZ

Zip Code

85253-4332

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Real Estate Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

**Transaction ID:** 2011M02L11AI01229

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Kirsten Lunding

Mailing Address 203 Bainbridge Ct.

City

Thousand Oaks

State

CA

Zip Code

91360

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation

Medical Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

**Transaction ID:** 2011M02L11AI01230

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Gwendolyn Lundy

Mailing Address 1 Malke Drive

City

Ocean

State

NJ

Zip Code

07712-3370

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

President / C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

**Transaction ID:** 2011M02L11AI01231

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

745.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 593 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Maria E. Lunger

Mailing Address 22220 Starlight Drive

City

Yorba Linda

State

CA

Zip Code

92887-2723

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01232

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Dennis Lutz

Mailing Address 433 7Th Street N.W.

City

Minot

State

ND

Zip Code

58703

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Trinity Health

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01233

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John L. Lutz

Mailing Address 847 State Route 12

City

Frenchtown

State

NJ

Zip Code

08825

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01234

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

770.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 594 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Dorothy W. Lynch

Mailing Address 26695 W. Green Tree Court

City

Olathe

State

KS

Zip Code

66061-7319

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01235

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gilbert Lynch

Mailing Address 29482 Vista Valley Drive

City

Vista

State

CA

Zip Code

92084

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01236

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Penny B. Lynch

Mailing Address 449 Mellen Avenue

City

Knoxville

State

TN

Zip Code

37919

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AMAET

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01237

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 595 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert D. Lynch

Mailing Address 648 Cemetery Street

City

De Ruyter

State

NY

Zip Code

13052

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01238

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John W. Lynn

Mailing Address 19705 Oakbrook Circle

City

Boca Raton

State

FL

Zip Code

33434-3230

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01239

Amount of Each Receipt this Period

330.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Denton Lyon

Mailing Address 235 E. 57Th Street  
Apartment 17D

City

New York

State

NY

Zip Code

10022-2844

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01240

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

590.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 596 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Denton Lyon

Mailing Address 235 E. 57Th Street  
Apartment 17D

City	State	Zip Code
New York	NY	10022-2844

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	1	1

Transaction ID: 2011M02L11AI01241

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Rex J. Lysinger

Mailing Address 3276 Burnt Pine Circle

City	State	Zip Code
Miramar Beach	FL	32550-7802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	1

Transaction ID: 2011M02L11AI01242

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Eloise A. Lyster

Mailing Address P.O. Box 28

City	State	Zip Code
Bend	OR	97709-0028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: 2011M02L11AI01243

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional) .....

1020.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 597 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Macarthur

Mailing Address 4 Fox Run

City

Randolph

State

NJ

Zip Code

07869-4568

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
York Insurance Services  
Group, Inc.

Occupation

Insurance Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01244

Amount of Each Receipt this Period

1100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph Macclain

Mailing Address 116 W Cardinal Rd

City

Wildwood

State

NJ

Zip Code

08260-1322

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01245

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Craig D. Mackey

Mailing Address P.O. Box 133

City

Danville

State

KY

Zip Code

40423-0133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dr. Mackey's Family Chiro-  
practic

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01246

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

1475.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 598 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Craig D. Mackey

Mailing Address P.O. Box 133

City  
**Danville**

State  
**KY**

Zip Code  
**40423-0133**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Dr. Mackey's Family Chiro-  
 practice

Occupation  
**Chiropractor**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**01 / 31 / 2011**

**Transaction ID: 2011M02L11AI01247**

Amount of Each Receipt this Period

**100.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph P. Maco

Mailing Address 22 Randi Drive

City  
**Madison**

State  
**CT**

Zip Code  
**06443**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
**Ship Pilot**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**01 / 25 / 2011**

**Transaction ID: 2011M02L11AI01248**

Amount of Each Receipt this Period

**250.00**

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Elizabeth Macy

Mailing Address 790 Peachtree Industrial Blvd

City  
**Suwanee**

State  
**GA**

Zip Code  
**30024-3962**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Coldwell Banker

Occupation  
**Real Estate Sales**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**01 / 19 / 2011**

**Transaction ID: 2011M02L11AI01249**

Amount of Each Receipt this Period

**300.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**650.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 599 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Bill R. Maddox

Mailing Address 706 Kahlden Court

City State Zip Code  
**Houston TX 77079**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 0 3 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01250**

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Christopher Magiera

Mailing Address 1506 Pine View Lane

City State Zip Code  
**Wausau WI 54403-2361**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ministry Medical Group

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 9 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01251**

Amount of Each Receipt this Period

440.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Heather Magnus

Mailing Address 9806 Island Road

City State Zip Code  
**Bismarck ND 58503-9261**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Riverside Consulting, Inc.

Occupation  
Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 4 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01252**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**940.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 600 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gary Mahalski

Mailing Address 27 S. 5Th Street  
 Apartment 2

City State Zip Code  
 Lewisburg PA 17837

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01253

Amount of Each Receipt this Period

255.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Walter A. Mallory

Mailing Address 2724 Sunset Drive

City State Zip Code  
 Lewiston ID 83501-3445

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01254

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Evelyn Malpass

Mailing Address 21330 N. Coburg Road

City State Zip Code  
 Harrisburg OR 97446-9747

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01255

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

780.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 601 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Frederick E. Malpass

Mailing Address 1985 Lalonde Road

City

East Jordan

State

MI

Zip Code

49727

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI01256

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

The Hon. Robert P. Mangieri

Mailing Address 82-60 116th Street

City

Richmond Hill

State

NY

Zip Code

11418-3403

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Public Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01257

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Edward D. Manion, Jr.

Mailing Address 6382 N. Desert Wind Circle

City

Tucson

State

AZ

Zip Code

85750

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01258

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

970.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 602 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Steve Mannos

Mailing Address 125 S Wacker Drive

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Horton Group

Occupation

Insurance Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01259

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Maud March

Mailing Address 7 Grandin Place

City

Cincinnati

State

OH

Zip Code

45208

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01260

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert R Marchesotti

Mailing Address 5734 Country Club Drive

City

Oakland

State

CA

Zip Code

94618

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Financial Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01261

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 603 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. David A. Margileth

Mailing Address 325 Montero Street

City

Newport Beach

State

CA

Zip Code

92661

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Breast Care Center Of Ora-  
nge County

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01262

Amount of Each Receipt this Period

330.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles Marianik

Mailing Address 6 Knox Ct.

City

Trenton

State

NJ

Zip Code

08648-1541

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01263

Amount of Each Receipt this Period

650.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Marken

Mailing Address 53 Farm Street

City

Dover

State

MA

Zip Code

02030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Capitol Counsel

Occupation

Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01264

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 604 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. J. N. Marker

Mailing Address 311 Stewart Drive

City

Lewiston

State

ID

Zip Code

83501-4255

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
H.D. Truck Sales

Occupation

H.D. Truck Dealer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01265

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Don Marks

Mailing Address 1515 S.W. 15Th Avenue

City

Fort Lauderdale

State

FL

Zip Code

33312-3307

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Form Works, Inc.

Occupation

Building Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01266

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Lonnie Marler

Mailing Address 3387 W Cornell Dr

City

Fayetteville

State

AR

Zip Code

72704-6775

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Walmart

Occupation

Truck Driver

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01267

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

970.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 605 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Ms. Suzanne Marquard

Mailing Address 404 Sterling Place

City

Brooklyn

State

NY

Zip Code

11238-4501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Giving Alternative Learn-  
ers Up

Occupation

Riding Instructor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: 2011M02L11AI01268

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John A. Marrella

Mailing Address P.O. Box 4065

City

Woodbridge

State

CT

Zip Code

06525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. Attorney's Office

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	1	1

Transaction ID: 2011M02L11AI01269

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John W. Mars, Sr.

Mailing Address 2620 Spyglass Drive

City

Oakland

State

MI

Zip Code

48363-2464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mars Custom Computers

Occupation

Electrical Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	1	1

Transaction ID: 2011M02L11AI01270

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

6000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 606 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Norman Marshak

Mailing Address 4570 Van Nuys Blvd.

City State Zip Code  
**Sherman Oaks CA 91403**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 2 / 2 0 1 1**

Transaction ID: 2011M02L11AI01271

Amount of Each Receipt this Period

275.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Norman Marshak

Mailing Address 4570 Van Nuys Blvd.

City State Zip Code  
**Sherman Oaks CA 91403**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 3 1 / 2 0 1 1**

Transaction ID: 2011M02L11AI01272

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gerald David Marshall

Mailing Address 130 Mc Clain Circle

City State Zip Code  
**Macon GA 31216-4106**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 0 / 2 0 1 1**

Transaction ID: 2011M02L11AI01273

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

575.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 607 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. James S. Marshall

Mailing Address P.O. Box 697

City

Gates Mills

State

OH

Zip Code

44040-0697

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01274

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth A. Marshall

Mailing Address 125 Coolidge Avenue  
Apartment 310

City

Watertown

State

MA

Zip Code

02472-2874

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Plastic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01275

Amount of Each Receipt this Period

140.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth A. Marshall

Mailing Address 125 Coolidge Avenue  
Apartment 310

City

Watertown

State

MA

Zip Code

02472-2874

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Plastic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01276

Amount of Each Receipt this Period

130.00

**SUBTOTAL** of Receipts This Page (optional) .....

570.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 608 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. C. D. Martin

Mailing Address P.O. Box 12

City

Midland

State

TX

Zip Code

79702-0012

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01277

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Frederick R. Martin

Mailing Address 978 Eleuthera Avenue

City

Venice

State

FL

Zip Code

34285-6911

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01278

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Martin

Mailing Address 1130 E. Benson Lake Drive

City

Grapeview

State

WA

Zip Code

98546

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sharp Commercial

Occupation  
Business Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01279

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 609 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Shelley L. Martin

Mailing Address 28196 County Road 430

City

Alva

State

OK

Zip Code

73717-9507

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01280

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Florence Martino

Mailing Address 3 Skimmer Ln

City

Port Monmouth

State

NJ

Zip Code

07758

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01281

Amount of Each Receipt this Period

330.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James L. Marvin

Mailing Address 3725 Chataway Court

City

Colorado Springs

State

CO

Zip Code

80906

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01282

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 610 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert Marx

Mailing Address 6000 Chapman Field Drive

City

Miami

State

FL

Zip Code

33156-7142

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University Of Miami

Occupation  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01283

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles O. Massey

Mailing Address 2211 Estate Gate Drive

City

San Antonio

State

TX

Zip Code

78260

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01284

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. E. Morgan Massey

Mailing Address 6978 S.E. Harbor Circle

City

Stuart

State

FL

Zip Code

34996-1915

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01285

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 611 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Anne Matsuoka

Mailing Address 1221 Avenida Sevilla  
Apartment 4C

City State Zip Code  
Walnut Creek CA 94595

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01286

Amount of Each Receipt this Period

230.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Peter Matsuoka

Mailing Address 1221 Avenida Sevilla  
Apartment 4C

City State Zip Code  
Walnut Creek CA 94595

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01287

Amount of Each Receipt this Period

255.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Daniel P. Matthews

Mailing Address P.O. Box 1273

City State Zip Code  
Ashburn VA 20146-1273

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lockheed Martin

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01288

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

735.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 612 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kendrick Mattox

Mailing Address 201 Gordon Street

City

Lagrange

State

GA

Zip Code

30240-2615

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01289

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. H. D. Maxwell

Mailing Address 115 Sunset Pt.

City

Kerrville

State

TX

Zip Code

78028-1742

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01290

Amount of Each Receipt this Period

415.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Daniel F. May

Mailing Address 1988 Snowberry Court

City

Carlsbad

State

CA

Zip Code

92009-8408

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01291

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1215.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 613 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ernest N. May

Mailing Address 4060 52Nd Terrace N.W.

City

Washington

State

DC

Zip Code

20016-1932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: 2011M02L11AI01292

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael B. May

Mailing Address 3304 Rhodes Avenue  
Apartment 128

City

New Boston

State

OH

Zip Code

45662-4914

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: 2011M02L11AI01293

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Charles Mazander

Mailing Address P.O. Box 945

City

Benton

State

AR

Zip Code

72018-0945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Businessman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: 2011M02L11AI01294

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 614 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert R. Mazer

Mailing Address 800 N. Michigan Avenue  
Apartment 5601

City State Zip Code  
Chicago IL 60611-2159

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01295

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert R. Mazer

Mailing Address 800 N. Michigan Avenue  
Apartment 5601

City State Zip Code  
Chicago IL 60611-2159

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01296

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mitchell J. Mazurek

Mailing Address 1320 Cantigny Court

City State Zip Code  
Chesterton IN 46304-3475

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01297

Amount of Each Receipt this Period

270.00

**SUBTOTAL** of Receipts This Page (optional) .....

2270.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 615 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. T. Allan Mc Artor

Mailing Address 200 Falcon Ridge Road

City

Great Falls

State

VA

Zip Code

22066-3519

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Airbus Americas

Occupation  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01298

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Andrew Jackson Mc Bride

Mailing Address 105 Brown Thrush Road

City

Savannah

State

GA

Zip Code

31419-6007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01299

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Andrew Jackson Mc Bride

Mailing Address 105 Brown Thrush Road

City

Savannah

State

GA

Zip Code

31419-6007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01300

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 616 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert G. Mc Bride

Mailing Address 183 Mead Street

City

Waccabuc

State

NY

Zip Code

10597-1010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
C.N.G.

Occupation

Executive Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01301

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Julien L. Mc Call

Mailing Address P.O. Box 832  
Mountain Lake

City

Lake Wales

State

FL

Zip Code

33859-0832

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01302

Amount of Each Receipt this Period

330.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kelly F. Mc Cann, Sr.

Mailing Address 4919 Woodall Street

City

Dallas

State

TX

Zip Code

75247-6710

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01303

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

855.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 617 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. William L. Mc Carthy

Mailing Address 109 Sonora Street

City State Zip Code  
**Newport Beach CA 92663**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 4 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01304**

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. W. F. Mc Casland

Mailing Address P.O. Box 468

City State Zip Code  
**Kingsland TX 78639-0468**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 8 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01305**

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James Mc Clam

Mailing Address 7113 Doswell Lane

City State Zip Code  
**Austin TX 78739-2042**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Motorola

Occupation  
Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 3 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01306**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

**1050.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 618 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Jeremiah J. Mc Closkey

Mailing Address 463 1st Street  
 Suite 81

City State Zip Code  
 Hoboken NJ 07030-1843

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 P. A. T. H.

Occupation  
 Repairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01307

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Samuel W. Mc Connell, Jr.

Mailing Address 27 Bainbridge Drive

City State Zip Code  
 Charleston SC 29407

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01308

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Samuel W. Mc Connell, Jr.

Mailing Address 27 Bainbridge Drive

City State Zip Code  
 Charleston SC 29407

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01309

Amount of Each Receipt this Period

130.00

**SUBTOTAL** of Receipts This Page (optional) .....

**475.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 619 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Samuel W. Mc Connell, Jr.

Mailing Address 27 Bainbridge Drive

City

Charleston

State

SC

Zip Code

29407

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01310

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John W. Mc Cord

Mailing Address 2058 Sidewinder Court

City

Grand Junction

State

CO

Zip Code

81507-8792

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.80

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01311

Amount of Each Receipt this Period

101.80

**C.**

Full Name (Last, First, Middle Initial)

Mr. John W. Mc Cord

Mailing Address 2058 Sidewinder Court

City

Grand Junction

State

CO

Zip Code

81507-8792

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.80

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01312

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

326.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 620 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Percival D. Mc Cormack

Mailing Address 509 Aurora Avenue  
 305 River Place

City State Zip Code  
 Naperville IL 60540-6221

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01313

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John O. Mc Coy

Mailing Address 885 N. Island Drive N.W.

City State Zip Code  
 Atlanta GA 30327-4621

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01314

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Homer Mc Crary

Mailing Address 310 Swanton Road

City State Zip Code  
 Davenport CA 95017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01315

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 621 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Christine Mc Cue

Mailing Address 3596 Scioto Run Blvd.

City  
**Hilliard**

State  
**OH**

Zip Code  
**43026-3015**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Chemical Abstracts Service

Occupation  
**Marketing Vice President**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**01 / 21 / 2011**

**Transaction ID: 2011M02L11AI01316**

Amount of Each Receipt this Period

**500.00**

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Ann W. Mc Donald

Mailing Address 4615 8th Street

City  
**Lubbock**

State  
**TX**

Zip Code  
**79416-4721**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Homemaker

Occupation  
**Homemaker**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**01 / 31 / 2011**

**Transaction ID: 2011M02L11AI01317**

Amount of Each Receipt this Period

**500.00**

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Donna Mc Donald

Mailing Address Post Office Box 5129

City  
**Slidell**

State  
**LA**

Zip Code  
**70469**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Self

Occupation  
**Contractir**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**01 / 27 / 2011**

**Transaction ID: 2011M02L11AI01318**

Amount of Each Receipt this Period

**1000.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**2000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 622 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James E. Mc Donald

Mailing Address 1961 Port Trinity Place

City

Newport Beach

State

CA

Zip Code

92660-7127

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
R.B.F. Consulting

Occupation

Civil Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01319

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Judy Mc Donald

Mailing Address 3389 Private Road 7400

City

Sonora

State

TX

Zip Code

76950-9184

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Rancher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01320

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James R. Mc Dowell, Jr.

Mailing Address 6655 North Canyon Crest Drive  
Apartment 17201

City

Tucson

State

AZ

Zip Code

85750-3779

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S.A.F.

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01321

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 623 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mary G. Mc Eachern

Mailing Address 3600 El Centro Street

City

Saint Petersburg B

State

FL

Zip Code

33706-3908

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01322

Amount of Each Receipt this Period

3000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James Mc Ferrin

Mailing Address 125 Beverly Road N.E.

City

Atlanta

State

GA

Zip Code

30309-2655

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01323

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Daniel W. Mc Gill

Mailing Address 11923 Kimberley Lane

City

Houston

State

TX

Zip Code

77024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
F.M.C. Technologies

Occupation

Tax Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01324

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3720.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 624 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard W. Mc Ginnis

Mailing Address 9270 Prestwick Club Drive

City

Duluth

State

GA

Zip Code

30097-2445

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01325

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph P. Mc Govern, Jr.

Mailing Address 5074 Carducci Drive

City

Pleasanton

State

CA

Zip Code

94588-6011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sabic I.P.

Occupation  
General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01326

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joseph P. Mc Govern, Jr.

Mailing Address 5074 Carducci Drive

City

Pleasanton

State

CA

Zip Code

94588-6011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sabic I.P.

Occupation  
General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01327

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 625 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John H. Mc Henry

Mailing Address 13373 N. Plaza Del Rio Blvd.

City

Peoria

State

AZ

Zip Code

85381-4873

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01328

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John H. Mc Henry

Mailing Address 13373 N. Plaza Del Rio Blvd.

City

Peoria

State

AZ

Zip Code

85381-4873

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01329

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Cathleen M. Mc Hugh

Mailing Address 2860 Heather Way

City

Ann Arbor

State

MI

Zip Code

48104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01330

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

510.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 626 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Cathleen M. Mc Hugh

Mailing Address 2860 Heather Way

City

Ann Arbor

State

MI

Zip Code

48104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: 2011M02L11AI01331

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael Mc Kenzie

Mailing Address 1830 Church Street

City

Sulphur Springs

State

TX

Zip Code

75482-2120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
G.S.C. Enterprises, Inc.Occupation  
Food Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	1

Transaction ID: 2011M02L11AI01332

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Stuart Mc Knight

Mailing Address 1925 Dane Kelsey Drive

City

Pekin

State

IL

Zip Code

61554-6604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	4	/	2	0	1	1

Transaction ID: 2011M02L11AI01333

Amount of Each Receipt this Period

110.00

SUBTOTAL of Receipts This Page (optional) .....

970.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 627 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Stuart Mc Knight

Mailing Address 1925 Dane Kelsey Drive

City

Pekin

State

IL

Zip Code

61554-6604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	1

Transaction ID: 2011M02L11AI01334

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Larry M. Mc Lanahan

Mailing Address 404 N. Conway Street

City

Kennewick

State

WA

Zip Code

99336-9326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
B.J. Exploration & Drilling Co.Occupation  
Water Well Driller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: 2011M02L11AI01335

Amount of Each Receipt this Period

305.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David R. Mc Laughlin

Mailing Address P.O. Box 625

City

Dunn Loring

State

VA

Zip Code

22027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	1	1

Transaction ID: 2011M02L11AI01336

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional) .....

805.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 628 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Doug P. Mc Laulin, Jr.

Mailing Address P.O. Box 819

City

Bartow

State

FL

Zip Code

33831-0819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	1

Transaction ID: 2011M02L11AI01337

Amount of Each Receipt this Period

550.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Patricia E. Mc Laurin

Mailing Address 99 W. 37Th Street

City

Bayonne

State

NJ

Zip Code

07002-2927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WarnacoOccupation  
Senior Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	1

Transaction ID: 2011M02L11AI01338

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Gwendolen Mc Leod

Mailing Address 13402 Ryan Court

City

Mount Airy

State

MD

Zip Code

21771

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	1

Transaction ID: 2011M02L11AI01339

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

1350.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 629 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert E. McLeod

Mailing Address 226 Maple Place

City

Keyport

State

NJ

Zip Code

07735-1119

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01340

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Valda J. Mc Mahan

Mailing Address P.O. Box 70948

City

Fairbanks

State

AK

Zip Code

99707-0948

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Tire and Auto

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01341

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Mc Master

Mailing Address 9288 Ranch Road 33

City

Garden City

State

TX

Zip Code

79739-2500

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Rancher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01342

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

605.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 630 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. John Mc Master

Mailing Address 9288 Ranch Road 33

City

Garden City

State

TX

Zip Code

79739-2500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Rancher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: 2011M02L11AI01343

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert W. Mc Millan

Mailing Address 10665 Longfellow Trace

City

Shreveport

State

LA

Zip Code

71106-9363

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LsumscOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	1	1

Transaction ID: 2011M02L11AI01344

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Donald A. Mc Mullen, Jr.

Mailing Address 18231 Mainsail Pointe Drive

City

Cornelius

State

NC

Zip Code

28031-5199

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: 2011M02L11AI01345

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional) .....

2875.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 631 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

W. N. Mc Murry

Mailing Address P.O. Box 50790

City

Casper

State

WY

Zip Code

82605

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Contractor/Business Owner

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01346

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Alan Lock Mc Natt, Sr.

Mailing Address 4401 N. I-35  
Mc Natt Properties, L.C.

City

Denton

State

TX

Zip Code

76207-3432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mc Natt Properties, L.C.

Occupation

Real Estate

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01347

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Barbara G. Mc Near

Mailing Address P.O. Box 202

City

Gibson Island

State

MD

Zip Code

21056-0202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01348

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 632 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. William Alan Mc Neill

Mailing Address 2035 N. Major Drive

City

Beaumont

State

TX

Zip Code

77713-9277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	1	1

Transaction ID: 2011M02L11AI01349

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William Alan Mc Neill

Mailing Address 2035 N. Major Drive

City

Beaumont

State

TX

Zip Code

77713-9277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: 2011M02L11AI01350

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James E. Mc Nulty

Mailing Address 9463 Little Mountain Road

City

Kirtland Hills

State

OH

Zip Code

44060-9405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	1	1

Transaction ID: 2011M02L11AI01351

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional) .....

970.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 633 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James E. Mc Nulty

Mailing Address 9463 Little Mountain Road

City

Kirtland Hills

State

OH

Zip Code

44060-9405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01352

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jack Mc Nutt

Mailing Address 1705 W. Cedar Street

City

El Dorado

State

AR

Zip Code

71730

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01353

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John D. Mc Vay

Mailing Address 521 N. Jefferson Street

City

Van Wert

State

OH

Zip Code

45891-1148

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01354

Amount of Each Receipt this Period

550.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 634 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Lillian Mc Veigh

Mailing Address 35157 Center Ridge Road  
 Lot 154

City State Zip Code  
 North Ridgeville OH 44039

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01355

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Lillian Mc Veigh

Mailing Address 35157 Center Ridge Road  
 Lot 154

City State Zip Code  
 North Ridgeville OH 44039

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01356

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Lillian Mc Veigh

Mailing Address 35157 Center Ridge Road  
 Lot 154

City State Zip Code  
 North Ridgeville OH 44039

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01357

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 635 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Lillian Mc Veigh

Mailing Address 35157 Center Ridge Road  
 Lot 154

City State Zip Code  
 North Ridgeville OH 44039

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01358

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Lillian Mc Veigh

Mailing Address 35157 Center Ridge Road  
 Lot 154

City State Zip Code  
 North Ridgeville OH 44039

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01359

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mort Mc Whorter

Mailing Address 656 Highway 94

City State Zip Code  
 Aledo IL 61231-8603

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Illinois Department of Transportation

Occupation  
Highway Maintenance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01360

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

480.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 636 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Walter M. Mc Williams

Mailing Address 12400 S. 70Th Avenue

City

Palos Heights

State

IL

Zip Code

60463-1511

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01361

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul W. McMullan

Mailing Address P.O. Drawer 16868

City

Hattiesburg

State

MS

Zip Code

39404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01362

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Rob E Mcgarraugh

Mailing Address P.O. Box 578

City

Perryton

State

TX

Zip Code

79070-0578

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Badger Operations Llc

Occupation  
Oil and Gas Production

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01363

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 637 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Leanne McIntosh

Mailing Address 401453 W 2900 Rd

City State Zip Code  
**Ramona OK 74061**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 8 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01364**

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Deborah Mcleod

Mailing Address 139 Peachtree St

City State Zip Code  
**Gilbert SC 29054-8585**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 9 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01365**

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Richard C. Meadows

Mailing Address 444 N. Shattuck Place

City State Zip Code  
**Orange CA 92866**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 4 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01366**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**820.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 638 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Tanya F. Mearse

Mailing Address 76 E. Broad Oaks Drive

City

Houston

State

TX

Zip Code

77056-1226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01367

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Medeiros

Mailing Address 79 Bunker Hill Avenue

City

Stratham

State

NH

Zip Code

03885-2409

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Dentist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01368

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. R. W. Medley, Jr.

Mailing Address 1220 Fredrica Street

City

Owensboro

State

KY

Zip Code

42301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01369

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 639 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. R. W. Medley, Jr.

Mailing Address 1220 Fredrica Street

City State Zip Code  
Owensboro KY 42301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

01 / 26 / 2011

Transaction ID: 2011M02L11AI01370

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. F. George Mehanna

Mailing Address 6531 Crescent Lake Drive

City State Zip Code  
Lakeland FL 33813-4654

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.35

Date of Receipt

01 / 21 / 2011

Transaction ID: 2011M02L11AI01371

Amount of Each Receipt this Period

201.35

**C.**

Full Name (Last, First, Middle Initial)

Dr. Richard E. Melcher

Mailing Address 3594 Pebble Beach Drive

City State Zip Code  
Augusta GA 30907-0312

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tri County Health Care

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

01 / 10 / 2011

Transaction ID: 2011M02L11AI01372

Amount of Each Receipt this Period

240.00

**SUBTOTAL** of Receipts This Page (optional) .....

591.35

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 640 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Albert Melchiorre

Mailing Address 2330 Thoroughbred Drive

City

Wadsworth

State

OH

Zip Code

44281-8518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01373

Amount of Each Receipt this Period

275.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Roger L. Mell

Mailing Address 17245 Portland Crest Court

City

Glencoe

State

MO

Zip Code

63038-1350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01374

Amount of Each Receipt this Period

375.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Russell V. Meloche

Mailing Address P.O. Box 20608

City

Bradford

State

FL

Zip Code

34204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01375

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 641 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Rose Mende

Mailing Address 9312 N.W. 76Th Street

City State Zip Code  
 Yukon OK 73099

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01376

Amount of Each Receipt this Period

255.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Judith Mendheim

Mailing Address 31260 S.W. 202Nd Avenue

City State Zip Code  
 Homestead FL 33030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01377

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Joan S. Mendoza

Mailing Address 4945 Silver Spurs Lane

City State Zip Code  
 Yorba Linda CA 92886-2653

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01378

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1005.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 642 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Julia T. Merriman

Mailing Address 102 Howard Hill Road

City

Foster

State

RI

Zip Code

02825-1225

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01379

Amount of Each Receipt this Period

275.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kirby Meyer

Mailing Address 4807 Buckskin Pass

City

Austin

State

TX

Zip Code

78745-2837

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
M. L. A. W. Consultants &  
Engineers

Occupation

Civil Engineer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01380

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. H. Aaron Meyers, Jr.

Mailing Address 837 Commons Park

City

Statham

State

GA

Zip Code

30666-2540

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tom James Company

Occupation

Sales

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01381

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1525.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 643 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael Meyers

Mailing Address 107 S. West Street

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Targetpoint Consulting

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01382

Amount of Each Receipt this Period

251.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Renee Michel

Mailing Address 17002 S. Grandview Lane

City

Kennewick

State

WA

Zip Code

99338

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01383

Amount of Each Receipt this Period

660.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Donald J. Mielcarek

Mailing Address 500 Upper Conway Circle

City

Chesterfield

State

MO

Zip Code

63017-2083

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI01384

Amount of Each Receipt this Period

335.00

**SUBTOTAL** of Receipts This Page (optional) .....

1246.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 644 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Frank Migliazzo

Mailing Address 5234 Abbey Road

City

Rochester Hills

State

MI

Zip Code

48306-2402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Merrill Lynch

Occupation

Private Wealth Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: 2011M02L11AI01385

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ronald Milam

Mailing Address 5610 N. Thompson Street

City

Springdale

State

AR

Zip Code

72764-8418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lighting Emporium Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: 2011M02L11AI01386

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Paul Miles

Mailing Address 1077 River Road  
Apartment 201

City

Edgewater

State

NJ

Zip Code

07020-1353

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	1

Transaction ID: 2011M02L11AI01387

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 645 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Lowell Millar

Mailing Address 24 Fernwood Road

City

Summit

State

NJ

Zip Code

07901-2927

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Private Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01388

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Dixie Lee Miller

Mailing Address 5100 John D. Ryan Blvd.  
Apartment 421

City

San Antonio

State

TX

Zip Code

78245-3546

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01389

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Frances E. Miller

Mailing Address P.O. Box 20298

City

Wickenburg

State

AZ

Zip Code

85358-5298

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01390

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 646 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Frances E. Miller

Mailing Address P.O. Box 20298

City

Wickenburg

State

AZ

Zip Code

85358-5298

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01391

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John C Miller

Mailing Address 109 East Conestoga Street

City

New Holland

State

PA

Zip Code

17557-1213

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01392

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John T. Miller

Mailing Address 9604 Azalea Circle

City

San Antonio

State

TX

Zip Code

78266-2501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01393

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

1470.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 647 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Laura L. Miller

Mailing Address 10933 S.E. 219Th Place

City State Zip Code  
 Kent WA 98031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01394

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Mary Virginia Miller

Mailing Address 414 W. Phillips Street  
 Suite 102

City State Zip Code  
 Conroe TX 77301-2880

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
C.P.A.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01395

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Patrick Miller

Mailing Address 3211 Dollinger Court

City State Zip Code  
 Fremont CA 94536-5122

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01396

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

770.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 648 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Tyler Miller

Mailing Address P.O. Box 1134

City

Rancho Santa Fe

State

CA

Zip Code

92067

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Collins Development

Occupation

Real Estate Investment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01397

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ronald Milne

Mailing Address 5029 Bay View Drive

City

Fort Worth

State

TX

Zip Code

76244

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01398

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ronald Milne

Mailing Address 5029 Bay View Drive

City

Fort Worth

State

TX

Zip Code

76244

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01399

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 649 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Barbara Milnor

Mailing Address 53 Knox Circle

City

Evanston

State

IL

Zip Code

60201-1912

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01400

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Barbara Milnor

Mailing Address 53 Knox Circle

City

Evanston

State

IL

Zip Code

60201-1912

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01401

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Barbara Milnor

Mailing Address 53 Knox Circle

City

Evanston

State

IL

Zip Code

60201-1912

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01402

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 650 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Craig Milum

Mailing Address P.O. Box 1231

City

Phoenix

State

AZ

Zip Code

85001-1231

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Milum Textile Services

Occupation

Linen Service Management

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01403

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Simon Mirelman

Mailing Address 513 Brookwood Blvd.  
Suite 500

City

Birmingham

State

AL

Zip Code

35209-7817

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01404

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Curtis C. Mitchell

Mailing Address 600 Leah Avenue  
Apartment 1403

City

San Marcos

State

TX

Zip Code

78666-7632

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01405

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 651 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Dennis B. Mitchell

Mailing Address 25 Churchill Way

City

Lebanon

State

NH

Zip Code

03766-2611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ledyard Financial Advisors

Occupation  
Banking

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01406

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Jacqueline K. Mitchell

Mailing Address 47 E. 88th Street  
Apartment 10A

City

New York

State

NY

Zip Code

10128-1152

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wachovia Securities

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI01407

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John W. Mitchell

Mailing Address 250 East 54Th Street  
Apartment 38D

City

New York

State

NY

Zip Code

10022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01408

Amount of Each Receipt this Period

4000.00

**SUBTOTAL** of Receipts This Page (optional) .....

5250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 652 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Dennis E. Mitchem

Mailing Address 77 E. Missouri Avenue  
Unit 63

City State Zip Code  
Phoenix AZ 85012-1385

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01409

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Bernice Mobley

Mailing Address P.O. Box 596

City State Zip Code  
Deer Park TX 77536-0596

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01410

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. James John Mohr

Mailing Address 2100 Wingate Drive

City State Zip Code  
Delaware OH 43015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01411

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1025.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 653 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard M. Moley

Mailing Address P.O. Box 4316

City  
CarmelState  
CAZip Code  
93921-4316FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self-EmployedOccupation  
Private Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	1	/	2	0	1	1

Transaction ID: 2011M02L11AI01412

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Nelida Monal

Mailing Address 2127 Brickell Avenue  
Apartment 3105City  
MiamiState  
FLZip Code  
33129-2105FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	1

Transaction ID: 2011M02L11AI01413

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Mary P. Montgomery

Mailing Address 11807 Dorothy Street  
Apartment 1

City

Los Angeles

State  
CAZip Code  
90049-5423FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: 2011M02L11AI01414

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1470.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 654 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Wally O. Montgomery

Mailing Address 117 N. 2Nd Street  
Suite 202

City State Zip Code  
**Paducah KY 42001-0743**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 9 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01415**

Amount of Each Receipt this Period

305.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Christina A. Mooney

Mailing Address 304 S. Fairfax Street

City State Zip Code  
**Alexandria VA 22314**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Homemaker / Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 0 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01416**

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Al Moore

Mailing Address 9910 Page Avenue

City State Zip Code  
**Saint Louis MO 63132-1431**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 5 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01417**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 655 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. David H. Moore

Mailing Address 12505 Richlane Drive

City

Indianapolis

State

IN

Zip Code

46236-9323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gynecologic Oncology Of  
Indiana

Occupation  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01418

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James Moore

Mailing Address 2925 Oldtown Valley Road S.W.

City

New Philadelphia

State

OH

Zip Code

44663-7840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01419

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Lisa Graham Moore

Mailing Address 3149 Clamdigger Lane

City

Las Vegas

State

NV

Zip Code

89117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01420

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1675.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 656 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Norman Moore

Mailing Address 272 Hamakua Drive

City

Kailua

State

HI

Zip Code

96734

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Navy

Occupation  
Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01421

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Wilma Moore

Mailing Address 812 N. Race Street

City

Glasgow

State

KY

Zip Code

42141-3446

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01422

Amount of Each Receipt this Period

330.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Leon Mordoh

Mailing Address 8501 Quail Hollow Road

City

Indianapolis

State

IN

Zip Code

46260-2208

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
H.P.S. Office Systems, L.-  
L.C.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01423

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1330.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 657 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Cdr. Harry W. Morgan, Jr. U.S.N.

Mailing Address 4040 W. Bancroft Street  
 Apartment 2W

City State Zip Code  
 Toledo OH 43606-2508

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01424

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James G. Morgan

Mailing Address 8701 W. Dodge Road 408

City State Zip Code  
 Omaha NE 68114-3429

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01425

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Louise F. Morgan

Mailing Address 3909 Belden Court N.E.

City State Zip Code  
 Cedar Rapids IA 52402-2552

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01426

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

670.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 658 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Louise F. Morgan

Mailing Address 3909 Belden Court N.E.

City State Zip Code  
Cedar Rapids IA 52402-2552

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01427

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Sherry P. Morgan

Mailing Address 595 English Village Way  
Apartment 418

City State Zip Code  
Knoxville TN 37919-8770

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01428

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Mary Ella Morie

Mailing Address P.O. Box 255

City State Zip Code  
Mauricetown NJ 08329-0255

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01429

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 659 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Morris

Mailing Address P.O. Box 560

City

Madison

State

VA

Zip Code

22727-0560

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Sales Advisory

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01430

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James Morris

Mailing Address P.O. Box 614

City

Webb

State

MS

Zip Code

38966-0614

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01431

Amount of Each Receipt this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William D. Morris

Mailing Address 30581 Hunt Club Drive

City

San Juan Capistran

State

CA

Zip Code

92675-1910

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Acorn Engineering

Occupation

President Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01432

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 660 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Tammy Morrison

Mailing Address 25100 Lariat

City

Morrison

State

OK

Zip Code

73061-9444

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01433

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. George W. Morrow

Mailing Address 211 2Nd Street N.W.  
Apartment 1411

City

Rochester

State

MN

Zip Code

55901-2895

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01434

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Greg Morrow

Mailing Address 2262 Timbercreek Circle

City

Brea

State

CA

Zip Code

92821-4429

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
C.P.A.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01435

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

725.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 661 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. John P. Morrow

Mailing Address 4925 Greenville Avenue  
Suite 1116City State Zip Code  
Dallas TX 75206-4085FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self-EmployedOccupation  
Oil & Gas Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	1	1

Transaction ID: 2011M02L11AI01436

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Phyllis Morrow

Mailing Address 14027 Memorial Drive  
Suite 168City State Zip Code  
Houston TX 77079-6826FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self-EmployedOccupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	1	1

Transaction ID: 2011M02L11AI01437

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Cherna Moskowitz

Mailing Address 4744 N. Bay Road

City State Zip Code  
Miami Beach FL 33140-2814FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	1

Transaction ID: 2011M02L11AI01438

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 662 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Anthony J. Mourek

Mailing Address 156 Lawton Road

City

Riverside

State

IL

Zip Code

60546-2357

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
A. Mourek Management, Inc.

Occupation

Real Estate Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01439

Amount of Each Receipt this Period

1100.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Georgia Muggli

Mailing Address 57 Muggli Lane

City

Miles City

State

MT

Zip Code

59301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01440

Amount of Each Receipt this Period

270.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William K. Muir

Mailing Address 59 Parkside Drive

City

Berkeley

State

CA

Zip Code

94705-2409

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01441

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1620.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 663 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Dr. Kenneth J. Mulder

Mailing Address 2565 Annchester Drive S.E.

City

Grand Rapids

State

MI

Zip Code

49506-5415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oral Surgery Associates

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	5	/	2	0	1	1

Transaction ID: 2011M02L11AI01442

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Albert R. Muller

Mailing Address 9251 S. Wolfe Road

City

French Camp

State

CA

Zip Code

95231-9611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	1	1

Transaction ID: 2011M02L11AI01443

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Delno V. Mullins

Mailing Address 13223 Palmers Creek Terrace

City

Bradenton

State

FL

Zip Code

34202-5006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: 2011M02L11AI01444

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1470.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 664 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Marshall A. Mundheim

Mailing Address 340 E. 72Nd Street

City

New York

State

NY

Zip Code

10021-4768

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01445

Amount of Each Receipt this Period

270.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Edward H. Munkres

Mailing Address 395 Deepwood Trail

City

Clarksville

State

TN

Zip Code

37042-6937

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dyn Corp International

Occupation  
Aviation Safety and Quality Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01446

Amount of Each Receipt this Period

330.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dave Murphy

Mailing Address P.O. Box 162021

City

Fort Worth

State

TX

Zip Code

76161-2021

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Texas Eagle Construction

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01447

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 665 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mrs. Donald E. Murray

Mailing Address 1129 Lassen View Drive

City

Lake Almanor

State

CA

Zip Code

96137-9539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	1

Transaction ID: 2011M02L11AI01448

Amount of Each Receipt this Period

245.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. George E. Murray

Mailing Address 2621 Spalding Drive

City

Las Vegas

State

NV

Zip Code

89134-7551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	1	1

Transaction ID: 2011M02L11AI01449

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. George E. Murray

Mailing Address 2621 Spalding Drive

City

Las Vegas

State

NV

Zip Code

89134-7551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: 2011M02L11AI01450

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional) .....

595.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 666 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Lowell T. Murray, Jr.

Mailing Address 8115 North Thorne Lane S.W.

City State Zip Code  
**Lakewood WA 98498**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01451**

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mike Murray

Mailing Address 11329 Stonehouse Place

City State Zip Code  
**Potomac Falls VA 20165**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
T.M.A.

Occupation  
President & C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 3 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01452**

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Edward Musall

Mailing Address 7901 Cross Plains Dr

City State Zip Code  
**Plano TX 75025-3629**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cadence

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 3 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01453**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**750.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 667 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Brooks Myhran

Mailing Address 5130 Greenwood Circle

City State Zip Code  
**Excelsior MN 55331**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Investment Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**01 / 31 / 2011**

**Transaction ID: 2011M02L11AI01454**

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Dolores Myler

Mailing Address 1054 North Drive

City State Zip Code  
**Mount Pleasant MI 48858-2851**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

**01 / 19 / 2011**

**Transaction ID: 2011M02L11AI01455**

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Leo J. Naber

Mailing Address 6001 S.W. 108Th Street

City State Zip Code  
**Ocala FL 34476-9249**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

**01 / 10 / 2011**

**Transaction ID: 2011M02L11AI01456**

Amount of Each Receipt this Period

330.00

**SUBTOTAL** of Receipts This Page (optional) .....

**800.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 668 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Hubert Nall

Mailing Address 3513 Teton Circle

City

Birmingham

State

AL

Zip Code

35216-3831

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01457

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Greg T. Naylor

Mailing Address P.O. Box 1023

City

Lake Arrowhead

State

CA

Zip Code

92352-1023

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01458

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Janet Louise Neff

Mailing Address 1665 N. 64Th Street

City

Mesa

State

AZ

Zip Code

85205-3605

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cruise America

Occupation  
Accounting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01459

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 669 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey A. Nelson

Mailing Address 4772 Aster Lane

City

Appleton

State

WI

Zip Code

54914-8567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mid Valley IndustriesOccupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	1	1

Transaction ID: 2011M02L11AI01460

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Kenneth Nelson

Mailing Address P.O. Box 230

City

Perham

State

MN

Zip Code

56573

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	1

Transaction ID: 2011M02L11AI01461

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Anne L. Neville

Mailing Address 201 F. Street

City

Buffalo

State

WY

Zip Code

82834-0886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HomemakerOccupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	1	1

Transaction ID: 2011M02L11AI01462

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

970.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 670 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William O. Newby, Jr.

Mailing Address 108 Newby Lane

City

Gray

State

GA

Zip Code

31032-3649

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Warren Association, Inc.

Occupation  
Construction

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01463

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James E. Newman

Mailing Address 1930 Coulter Shoals Circle

City

Lenoir City

State

TN

Zip Code

37772-3819

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01464

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Raymond P. Newsom

Mailing Address 109 Hawthorn Way

City

Sunset

State

SC

Zip Code

29685

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01465

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 671 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Loi Le Nguyen

Mailing Address 6321 Carthage Street

City

Fort Smith

State

AR

Zip Code

72903-4935

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tyson Foods, Inc.

Occupation  
Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01466

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bob Nicholas

Mailing Address 1880 Hale Road

City

Sonoma

State

CA

Zip Code

95476

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01467

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James L. Nichols, III

Mailing Address P.O. Box 565

City

Wrightsville Beach

State

NC

Zip Code

28480-0729

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Nichols Foodservice Inc.

Occupation  
Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01468

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

690.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 672 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Marilyn Nichols

Mailing Address 212 Purdy Drive

City

Alma

State

MI

Zip Code

48801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI01469

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ray W. Nicholson, Jr.

Mailing Address 420 Mulberry Street  
Oak Park Professional Building

City

Evansville

State

IN

Zip Code

47713-0550

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Vanderburgh County Health  
Board

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01470

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Nancy Nickerson

Mailing Address 45 Farm Ridge Drive

City

Farmington

State

CT

Zip Code

06032

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01471

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 673 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stuart C. Nickerson

Mailing Address 1032 Fearrington Post  
 12 East Madison

City State Zip Code  
 Pittsboro NC 27312-5502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01472

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Janet S. Niehaus

Mailing Address 894 Van Horn Way

City State Zip Code  
 El Cajon CA 92019-3518

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Learning Evolution

Occupation  
Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01473

Amount of Each Receipt this Period

1400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Roger Axel Nielsen

Mailing Address 756 Alisal Road

City State Zip Code  
 Solvang CA 93463-2103

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI01474

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

1870.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 674 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Paul Niffenegger

Mailing Address P.O. Box 3131

City

Cary

State

NC

Zip Code

27519

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N.I.F.F.C.O. Engineering  
Corporation

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01475

Amount of Each Receipt this Period

375.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jack K. Nisselius

Mailing Address P.O. Box 3006

City

Gillette

State

WY

Zip Code

82717-3006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01476

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Sue T. Noack

Mailing Address 2740 Laurel Drive

City

Sacramento

State

CA

Zip Code

95864-4951

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Farming

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01477

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 675 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Sue T. Noack

Mailing Address 2740 Laurel Drive

City

Sacramento

State

CA

Zip Code

95864-4951

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Farming

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI01478

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Peter R. Nobile, Jr.

Mailing Address 31 Randlett Park

City

Newton

State

MA

Zip Code

02465-1716

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01479

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Oscar Noble

Mailing Address 2426 Kenmore Road

City

Henrico

State

VA

Zip Code

23228

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01480

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 676 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Oscar Noble

Mailing Address 2426 Kenmore Road

City State Zip Code  
**Henrico VA 23228**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 5 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01481**

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jamey Noel

Mailing Address 5210 Idledice

City State Zip Code  
**Jeffersonville IN 47130-8625**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Indiana State Police

Occupation  
Sergeant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 3 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01482**

Amount of Each Receipt this Period

330.00

**C.**

Full Name (Last, First, Middle Initial)

Miss Rose F. Noll

Mailing Address 2149 Laguna Street

City State Zip Code  
**San Francisco CA 94115-2332**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 4 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01483**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**780.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 677 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Janet Norman

Mailing Address 929 Crossan Road

City

Newark

State

DE

Zip Code

19711-2916

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01484

Amount of Each Receipt this Period

105.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Janet Norman

Mailing Address 929 Crossan Road

City

Newark

State

DE

Zip Code

19711-2916

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01485

Amount of Each Receipt this Period

105.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas G. Norris

Mailing Address 517 Bay Court

City

Rockwall

State

TX

Zip Code

75032-7630

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01486

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

460.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 678 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Meade O' Boyle

Mailing Address 1217 Dean Chapel Road

City

West Monroe

State

LA

Zip Code

71291-7609

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01487

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John W. O' Brien

Mailing Address P.O. Box 421

City

Decatur

State

AL

Zip Code

35602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01488

Amount of Each Receipt this Period

440.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Timothy J. O' Connell

Mailing Address 5301 Lansdowne Lane

City

Mercer Island

State

WA

Zip Code

98040-4648

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Stoel Rives, L.L.P.

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01489

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 679 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James W. O' Mara

Mailing Address 42 Eastbrooke Street

City

Jackson

State

MS

Zip Code

39216-4714

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Phelps Dunbar, L.L.P.

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01490

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. George A. O' Neal

Mailing Address P.O. Box 920

City

Connell

State

WA

Zip Code

99326

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01491

Amount of Each Receipt this Period

440.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John O' Neal

Mailing Address 11817 S. Kingston Avenue

City

Tulsa

State

OK

Zip Code

74137

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01492

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

760.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 680 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John O' Neal

Mailing Address 11817 S. Kingston Avenue

City State Zip Code  
**Tulsa OK 74137**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 3 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01493**

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph I. O' Neill, III

Mailing Address 5 Weeping Willow Lane

City State Zip Code  
**Midland TX 79705-2702**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 2 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01494**

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Judy H. O' Neill

Mailing Address 10726 Hunters Place Drive

City State Zip Code  
**Vienna VA 22181-2843**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 9 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01495**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 681 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Judy H. O' Neill

Mailing Address 10726 Hunters Place Drive

City State Zip Code  
 Vienna VA 22181-2843

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 9 / 2 0 1 1

**Transaction ID:** 2011M02L11AI01496

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard L. O' Shields

Mailing Address 511 Oakland Hills Lane

City State Zip Code  
 Kerrville TX 78028-6427

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 9 / 2 0 1 1

**Transaction ID:** 2011M02L11AI01497

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Andrew O'Brien

Mailing Address 10 Clifffield Road

City State Zip Code  
 Bedford NY 10506-1208

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Jp Morgan Chase

Occupation  
Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 8 / 2 0 1 1

**Transaction ID:** 2011M02L11AI01498

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

610.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 682 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mary O'Leary

Mailing Address 738 N.W. Meadowood Circle

City State Zip Code  
**Mc Minnville OR 97128**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**01 / 31 / 2011**

**Transaction ID: 2011M02L11AI01499**

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Vincent Obsitnik

Mailing Address 6849 Grenadier Blvd.  
#904

City State Zip Code  
**Naples FL 34108**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
International Investments  
Incorporated

Occupation  
International Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

**01 / 27 / 2011**

**Transaction ID: 2011M02L11AI01500**

Amount of Each Receipt this Period

15000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Bruce R. Ohmart

Mailing Address 199 Long Rapids Road

City State Zip Code  
**Alpena MI 49707-1351**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

**01 / 11 / 2011**

**Transaction ID: 2011M02L11AI01501**

Amount of Each Receipt this Period

555.00

**SUBTOTAL** of Receipts This Page (optional) .....

**16555.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 683 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael J. Ohrt

Mailing Address 4111 S. Narcissus Way

City

Denver

State

CO

Zip Code

80237-2027

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01502

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John C. Oliver

Mailing Address 18 Scotts Neck Place

City

Sheldon

State

SC

Zip Code

29941-3059

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01503

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joseph A. Olivera, Jr.

Mailing Address 830 Haslam Drive

City

Santa Maria

State

CA

Zip Code

93454-6612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01504

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 684 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. David Olivo

Mailing Address 2005 Lyell Avenue  
Suite 200

City State Zip Code  
**Rochester NY 14606**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 7 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01505**

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jeff Ollier

Mailing Address 13 E George Street, Suite B

City State Zip Code  
**Batesville IN 47006**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ollier Masonry Inc.

Occupation  
Mason

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 0 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01506**

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Louis Olsen

Mailing Address 1105 Stonewall Lane

City State Zip Code  
**Secaucus NJ 07094-4113**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 0 3 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01507**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

**900.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 685 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. A. Leonard Olson

Mailing Address 41 Hawthorne Road

City

Holbrook

State

MA

Zip Code

02343-2119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Boston Ship Repair

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01508

Amount of Each Receipt this Period

240.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gregory Olson

Mailing Address 2001 Nicole Road

City

Fort Dodge

State

IA

Zip Code

50501-8726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wolfe Eye Clinic

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01509

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mark Olson

Mailing Address 815 Maple Avenue

City

Decorah

State

IA

Zip Code

52101-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Olson Explosives, Inc.

Occupation  
Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01510

Amount of Each Receipt this Period

550.00

**SUBTOTAL** of Receipts This Page (optional) .....

1790.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 686 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James S. Orlando

Mailing Address 261 Harvard Drive

City

Hackettstown

State

NJ

Zip Code

07840-1673

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
P.S.A.V.

Occupation  
Det.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01511

Amount of Each Receipt this Period

275.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Kay Orr

Mailing Address 1610 Brent Blvd.

City

Lincoln

State

NE

Zip Code

68506-1866

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01512

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gerald J. Ortiz

Mailing Address 5010 State Highway 30

City

Amsterdam

State

NY

Zip Code

12010-7522

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01513

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1525.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 687 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Orzechowski

Mailing Address 203 Beck Farm Road

City

Centreville

State

MD

Zip Code

21617-2115

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01514

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael Osborne

Mailing Address 1142 Route 110 Highway

City

Indiana

State

PA

Zip Code

15701-8568

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Stevenson & Sons Trucking  
Inc.

Occupation  
Truck Driver

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01515

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Pamela Osborne

Mailing Address 1830 Home Street

City

Hastings

State

NE

Zip Code

68901-3629

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01516

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 688 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Jean M. Ostvoll

Mailing Address 28533 W. Heritage Oaks Road

City State Zip Code  
**Barrington IL 60010-1890**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Accenture

Occupation  
Consulting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**01 / 14 / 2011**

Transaction ID: 2011M02L11AI01517

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Judith Otten

Mailing Address 122 El Camino

City State Zip Code  
**Norfolk NE 68701-6704**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**01 / 28 / 2011**

Transaction ID: 2011M02L11AI01518

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Eric Ottenbacher

Mailing Address 1013 Alma St.

City State Zip Code  
**Rapid City SC 57701**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Independent Contractor

Occupation  
Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**01 / 20 / 2011**

Transaction ID: 2011M02L11AI01519

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**750.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 689 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. David C. Oxford

Mailing Address 6021 Northwood Road

City

Dallas

State

TX

Zip Code

75225-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Southwest Assurance Group

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01520

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Larry B. Oxford

Mailing Address 210 E. Sonterra Blvd.  
Apartment 836

City

San Antonio

State

TX

Zip Code

78258-3957

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Alamo Heights Independent  
School Distr

Occupation

Tennis Center Director/Tennis Coach

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01521

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael G. Oxley

Mailing Address 7629 Huntmaster Lane

City

Mc Lean

State

VA

Zip Code

22102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baker & Hostetler

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01522

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 690 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Alfred Pace

Mailing Address P.O. Box 277

City

Magee

State

MS

Zip Code

39111-0277

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Wholesale Petroleum

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01523

Amount of Each Receipt this Period

275.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Dennis L. Padgett

Mailing Address 2347 Clearwater Run

City

The Villages

State

FL

Zip Code

32162-2308

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01524

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Max Padgett

Mailing Address 1034 6Th Avenue N.W.

City

Hickory

State

NC

Zip Code

28601-3402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01525

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

775.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 691 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bob D. Page

Mailing Address 1938 S. Boxelder Avenue

City

Casper

State

WY

Zip Code

82604

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Teeco Products

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01526

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bob D. Page

Mailing Address 1938 S. Boxelder Avenue

City

Casper

State

WY

Zip Code

82604

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Teeco Products

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01527

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bob D. Page

Mailing Address 1938 S. Boxelder Avenue

City

Casper

State

WY

Zip Code

82604

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Teeco Products

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01528

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 692 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Carter F. Page

Mailing Address 2509 Tournament Drive

City State Zip Code  
**Castle Rock CO 80108-9095**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 3 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01529**

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard A. Pagliari

Mailing Address 600 Amberson Avenue

City State Zip Code  
**Pittsburgh PA 15232**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Elizabeth Carbide Die Com-  
pany, Inc.

Occupation  
Chairman & C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01530**

Amount of Each Receipt this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Claude Pallett

Mailing Address 2404 Amie Dr.

City State Zip Code  
**Chesapeake VA 23322**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 3 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01531**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 693 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Gerald Palm

Mailing Address P.O. Box 60

City

Elk Mountain

State

WY

Zip Code

82324-0060

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: 2011M02L11AI01532

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph M. Paniello

Mailing Address 3301 Bayshore Blvd.  
Unit 1803

City

Tampa

State

FL

Zip Code

33629-8845

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	1

Transaction ID: 2011M02L11AI01533

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Charles Parker

Mailing Address 5707 Costas Cove

City

Austin

State

TX

Zip Code

78759-5529

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	1

Transaction ID: 2011M02L11AI01534

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 694 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Martha Ann Parks

Mailing Address 2815 Simondale Drive

City

Fort Worth

State

TX

Zip Code

76109-1255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01535

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Martha Ann Parks

Mailing Address 2815 Simondale Drive

City

Fort Worth

State

TX

Zip Code

76109-1255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01536

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Roy Parsons

Mailing Address 3610 Las Pilitas Road

City

Santa Margarita

State

CA

Zip Code

93453

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01537

Amount of Each Receipt this Period

270.00

**SUBTOTAL** of Receipts This Page (optional) .....

4270.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 695 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Cal Partee, Jr.

Mailing Address P.O. Box 667

City

Magnolia

State

AR

Zip Code

71754

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	1

Transaction ID: 2011M02L11AI01538

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Paschal

Mailing Address 1515 Quiet Trail

City

Sugar Land

State

TX

Zip Code

77479-6228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
M.S.F. Electric, Inc.Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	1	1

Transaction ID: 2011M02L11AI01539

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Cheryl K. Pasewark

Mailing Address 408 Echo Lane

City

Endicott

State

NY

Zip Code

13760-1039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Valleyview Alliance ChurchOccupation  
Office Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: 2011M02L11AI01540

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

800.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 696 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Sheli L. Patin

Mailing Address 30695 Hwy 281 N Building 2

City State Zip Code  
**Bulverde TX 78163**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
My Husband

Occupation  
Veterinarian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 7 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01541**

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph Patrick

Mailing Address 90 Navarre

City State Zip Code  
**Irvine CA 92612-1721**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fluor Corporation

Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 8 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01542**

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Donald C. Patterson

Mailing Address 153 Plainsboro Road

City State Zip Code  
**Cranbury NJ 08512-2602**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 5 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01543**

Amount of Each Receipt this Period

255.00

**SUBTOTAL** of Receipts This Page (optional) .....

855.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 697 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Janeen Patterson

Mailing Address 2500 Towle Park Road

City State Zip Code  
**Snyder TX 79549**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

**01 / 25 / 2011**

**Transaction ID: 2011M02L11AI01544**

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Peter F. Patterson

Mailing Address 10500 Academy Road N.E.  
 Apartment 337

City State Zip Code  
**Albuquerque NM 87111**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

**01 / 26 / 2011**

**Transaction ID: 2011M02L11AI01545**

Amount of Each Receipt this Period

505.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bernard Patton

Mailing Address 420 Westover Pkwy

City State Zip Code  
**Locust Grove VA 22508-5174**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

**01 / 31 / 2011**

**Transaction ID: 2011M02L11AI01546**

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

1025.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 698 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Ronald P. Pawl

Mailing Address 1221 Loch Lane

City

Lake Forest

State

IL

Zip Code

60045-3345

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01547

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Cynthia Payne

Mailing Address 6451 Sonoma Highway

City

Santa Rosa

State

CA

Zip Code

95409-5721

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01548

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Joanne D. Payson

Mailing Address 11870 S.E. Dixie Highway

City

Hobe Sound

State

FL

Zip Code

33455-5456

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Payson Midtown

Occupation  
Art Dealer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI01549

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 699 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bobbie D. Peacock

Mailing Address 121 Loblolly Circle

City

Peachtree City

State

GA

Zip Code

30269-2034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01550

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Golda Pegram

Mailing Address P.O. Box 51657

City

Phoenix

State

AZ

Zip Code

85076

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01551

Amount of Each Receipt this Period

105.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Golda Pegram

Mailing Address P.O. Box 51657

City

Phoenix

State

AZ

Zip Code

85076

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI01552

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

1180.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 700 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mrs. Golda Pegram

Mailing Address P.O. Box 51657

City

Phoenix

State

AZ

Zip Code

85076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	1	1

Transaction ID: 2011M02L11AI01553

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Dianne J. Pellissier

Mailing Address 15278 El Soneto Dr.

City

Whittier

State

CA

Zip Code

90605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	1	1

Transaction ID: 2011M02L11AI01554

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael Pellman

Mailing Address 16650 88Th Street S.E.

City

Hankinson

State

ND

Zip Code

58041-9463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	1

Transaction ID: 2011M02L11AI01555

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

625.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 701 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Pablo G. Pena

Mailing Address 625 S. Airport Drive

City

Weslaco

State

TX

Zip Code

78596-6615

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01556

Amount of Each Receipt this Period

375.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Frank Pence

Mailing Address 1359 Beverly Road  
Suite 200

City

Mc Lean

State

VA

Zip Code

22101-3668

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Penceford Oil

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01557

Amount of Each Receipt this Period

30400.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Susan S. Pence

Mailing Address 1359 Beverly Road  
Suite 200

City

Mc Lean

State

VA

Zip Code

22101-3668

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01558

Amount of Each Receipt this Period

30400.00

**SUBTOTAL** of Receipts This Page (optional) .....

61175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 702 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Arnold Peneda

Mailing Address 1710 El Rosal Pl

City

Escondido

State

CA

Zip Code

92026

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Abbott Laboratories

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01559

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Lowell Penz

Mailing Address 1442 Salem Lane Sw

City

Rochester

State

MN

Zip Code

55902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01560

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Roy T. Peraino

Mailing Address 2160 S.E. Golfview Lane

City

Stuart

State

FL

Zip Code

34996-1938

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01561

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1720.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 703 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Manuel Peralta

Mailing Address 157 Harbour Passage

City

Hilton Head

State

SC

Zip Code

29926-1266

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01562

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Claude D. Perasso

Mailing Address 1960 Broadway

City

San Francisco

State

CA

Zip Code

94109-2216

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01563

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Peter Perino

Mailing Address 318 6Th Street S.E.

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01564

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

775.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 704 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William H. Pero

Mailing Address 41 Cranberry Road

City

Whitman

State

MA

Zip Code

02382-1614

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fortune Rope and Metal

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01565

Amount of Each Receipt this Period

375.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Rose Perra

Mailing Address 898 Larson Drive

City

Zumbrota

State

MN

Zip Code

55992

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01566

Amount of Each Receipt this Period

440.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joseph A. Perricone

Mailing Address 18 Old Course Drive

City

Newport Beach

State

CA

Zip Code

92660-4276

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Perricone Investments

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01567

Amount of Each Receipt this Period

385.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 705 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas E. Perrin

Mailing Address 551 High Oaks Court

City

Tallahassee

State

FL

Zip Code

32312-1249

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01568

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael D. Peterman

Mailing Address 2129 Running Branch Road

City

Edmond

State

OK

Zip Code

73013-6648

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Veenker Resources, Inc.

Occupation  
Engineer/Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01569

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Peterson

Mailing Address 7220 Moss Ridge Rd.

City

Allen

State

TX

Zip Code

75002-7038

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Raytheon

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01570

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

970.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 706 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Daryl Peterson

Mailing Address 6115 W. Olmstead Road

City

Ludington

State

MI

Zip Code

49431-9754

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bushel Basket Orchards,  
Inc.

Occupation

Fruit Grower & Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01571

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David Peterson

Mailing Address 212 Warrenton Avenue

City

West Hartford

State

CT

Zip Code

06119-1843

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01572

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Frankie Ann Peterson

Mailing Address P.O. Box 1596

City

Stillwater

State

OK

Zip Code

74076-1596

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01573

Amount of Each Receipt this Period

260.00

**SUBTOTAL** of Receipts This Page (optional) .....

835.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 707 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gordon Peterson

Mailing Address P.O. Box 6173

City

Edmonds

State

WA

Zip Code

98026

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01574

Amount of Each Receipt this Period

275.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Julie Peterson

Mailing Address 3104 164th Avenue S.E.

City

Harwood

State

ND

Zip Code

58042

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01575

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Philip S. Peterson

Mailing Address 11193 N.E. 8Th Court

City

Biscayne Park

State

FL

Zip Code

33161

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01576

Amount of Each Receipt this Period

330.00

**SUBTOTAL** of Receipts This Page (optional) .....

1105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 708 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Phillip Peterson

Mailing Address 2707 Cole Avenue  
 Apartment 333

City State Zip Code  
 Dallas TX 75204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Zoran Corporation

Occupation  
 Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI01577

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Susan I. Peterson

Mailing Address 7624 W. 101St Street

City State Zip Code  
 Bloomington MN 55438-2004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI01578

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Susan I. Peterson

Mailing Address 7624 W. 101St Street

City State Zip Code  
 Bloomington MN 55438-2004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01579

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

720.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 709 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gordon Petherick

Mailing Address 3331 Oaklake Court

City

Bonita Springs

State

FL

Zip Code

34134-2668

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01580

Amount of Each Receipt this Period

1100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Donald W. Petit

Mailing Address 4333 Cobblestone Lane

City

La Canada Flattridg

State

CA

Zip Code

91011-3217

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01581

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Bonnie Pettigrew

Mailing Address P.O. Box 270

City

Groesbeck

State

TX

Zip Code

76642-0270

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Tax Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01582

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 710 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Mary Lynn Phares

Mailing Address 10409 Southport Glen

City

**Bakersfield**

State

**CA**

Zip Code

**93311-2915**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**275.00**

Date of Receipt

**01 / 07 / 2011**

**Transaction ID: 2011M02L11AI01583**

Amount of Each Receipt this Period

**275.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. John K. Philbeck

Mailing Address 2517 Goddard Drive

City

**Midland**

State

**TX**

Zip Code

**79705**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**01 / 04 / 2011**

**Transaction ID: 2011M02L11AI01584**

Amount of Each Receipt this Period

**1000.00**

**C.**

Full Name (Last, First, Middle Initial)

Barbara Phillips

Mailing Address 520 Galer St  
Apt 300

City

**Seattle**

State

**WA**

Zip Code

**98109**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Veterans Health Administration

Occupation  
Social Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**01 / 13 / 2011**

**Transaction ID: 2011M02L11AI01585**

Amount of Each Receipt this Period

**1000.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**2275.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 711 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Elizabeth A. Phillips

Mailing Address 8795 Highway 54

City

Pans

State

TN

Zip Code

38242-6403

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01586

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Howard Phillips

Mailing Address 227 Allanhurst Avenue

City

Vandalia

State

OH

Zip Code

45377-1718

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01587

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jack Phillips

Mailing Address 15511 Greens Cove Way

City

Houston

State

TX

Zip Code

77059-5819

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01588

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 712 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Marcia R. Phillips

Mailing Address 70 Continental Drive

City

Valley Forge

State

PA

Zip Code

19481

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01589

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Allen M. Phipps

Mailing Address 725 Hobart Street

City

Menlo Park

State

CA

Zip Code

94025-5705

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Presbyterian Church

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01590

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael J. Phipps

Mailing Address 200 Briarwood Lane

City

Beaver

State

WV

Zip Code

25813-9758

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Patriot Coal

Occupation  
Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01591

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 713 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. William C. Pickens, Jr.

Mailing Address 8111 Preston Road  
Suite 800City State Zip Code  
Dallas TX 75225-6316FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Pickens Company, Inc.Occupation  
Petroleum Landman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1830.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	1

Transaction ID: 2011M02L11AI01592

Amount of Each Receipt this Period

1830.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Marek M. Pienkowski

Mailing Address 7417 Kingston Pike  
Suite 101City State Zip Code  
Knoxville TN 37919-5606FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	3	/	2	0	1	1

Transaction ID: 2011M02L11AI01593

Amount of Each Receipt this Period

610.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jeremy Pierce

Mailing Address 3621 Cattail Lane

City State Zip Code  
Greenville NC 27858FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PotashcorpOccupation  
Mining Operations Superintendent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: 2011M02L11AI01594

Amount of Each Receipt this Period

1005.00

SUBTOTAL of Receipts This Page (optional) .....

3445.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 714 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard J. Pierce

Mailing Address 3151 Morgan Territory Road

City

Clayton

State

CA

Zip Code

94517-4007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Plumbing Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01595

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Wayne Pierce

Mailing Address 2634 Richlands Highway

City

Jacksonville

State

NC

Zip Code

28540-3607

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
R. & W. Construction Comp-  
any, Inc.

Occupation

Mechanical Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01596

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Joel C. Piercy

Mailing Address 228 Shenandoah Drive

City

Johnson City

State

TN

Zip Code

37601-5460

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01597

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 715 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Major Gene Milton A. Pilcher

Mailing Address 1532 Dahlia Court

City

Mc Lean

State

VA

Zip Code

22101-3312

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01598

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Anthony J. Pileggi, Jr.

Mailing Address 364 Kirkwood Cove

City

Burr Ridge

State

IL

Zip Code

60527-6336

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Chicago Steel Container  
Corp

Occupation  
VP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01599

Amount of Each Receipt this Period

210.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Anthony F. Pilgrim

Mailing Address 1200 Belmont Road

City

Athens

State

GA

Zip Code

30605-4922

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Department Of Agricu-  
lture

Occupation  
Federal Auditor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01600

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

720.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 716 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Anthony F. Pilgrim

Mailing Address 1200 Belmont Road

City

Athens

State

GA

Zip Code

30605-4922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. Department Of Agricu-  
lture

Occupation

Federal Auditor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	1	1

Transaction ID: 2011M02L11AI01601

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Harley Pinson

Mailing Address P.O. Box 22530

City

Bakersfield

State

CA

Zip Code

93390

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Of Counsel To Klein, Dena-  
tale, Goldner

Occupation

Attorney At Law

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	1	1

Transaction ID: 2011M02L11AI01602

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kevin B. Piper

Mailing Address 7819 Penley Pl

City

Springfield

State

VA

Zip Code

22151-2422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Results Group Llc

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	1	1

Transaction ID: 2011M02L11AI01603

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1100.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 717 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James C. Pizzagalli

Mailing Address P.O. Box 2009

City

South Burlington

State

VT

Zip Code

05407-2009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pizzagalli Construction  
Company

Occupation

Co-Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01604

Amount of Each Receipt this Period

1210.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James O. Plamondon

Mailing Address 501 Preston Drive

City

Mountain View

State

CA

Zip Code

94040-4433

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Schneider Electric

Occupation

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01605

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Julia G. Plancon

Mailing Address 4 Winterport On  
Auburn

City

Rolling Meadows

State

IL

Zip Code

60008-2327

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01606

Amount of Each Receipt this Period

255.00

**SUBTOTAL** of Receipts This Page (optional) .....

1715.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 718 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Henry L. Platt

Mailing Address P.O. Box 74

City

Waverly

State

PA

Zip Code

18471

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01607

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Joyce L. Poitevint

Mailing Address P.O. Box 605

City

Bainbridge

State

GA

Zip Code

39818-0605

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01608

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John T. Politz

Mailing Address 3202 Golfview Drive

City

Saline

State

MI

Zip Code

48176-9245

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ervin Industries, Inc.

Occupation  
Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01609

Amount of Each Receipt this Period

205.00

**SUBTOTAL** of Receipts This Page (optional) .....

2205.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 719 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Josephine A. Pomeroy

Mailing Address 10 Longwood Drive

City

Westwood

State

MA

Zip Code

02090-1123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01610

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. James B. Pope

Mailing Address 207 Lake View Circle

City

Montgomery

State

TX

Zip Code

77356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01612

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Laura Pope

Mailing Address 5020 Queen Victoria Rd

City

Woodland Hills

State

CA

Zip Code

91364-4756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01613

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

2800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 720 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Merle Popham

Mailing Address 2414 Butternut Court

City

Dunedin

State

FL

Zip Code

34698

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01614

Amount of Each Receipt this Period

240.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas F. Popp

Mailing Address 5633 S. Prescott Street

City

Littleton

State

CO

Zip Code

80120-1212

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01615

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jose Portela

Mailing Address 46 Woodland Road

City

Roslyn

State

NY

Zip Code

11576-1434

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01616

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1140.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 721 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard W. Porter

Mailing Address 875 Bryant Avenue

City

Winnetta

State

IL

Zip Code

60093-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kirkland & Ellis, L.L.P.Occupation  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: 2011M02L11AI01617

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kris E. Poulsen

Mailing Address 1242 State Avenue  
Suite I.

City

Marysville

State

WA

Zip Code

98270-3672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	3	/	2	0	1	1

Transaction ID: 2011M02L11AI01618

Amount of Each Receipt this Period

1100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James A. Poure

Mailing Address 2000 Royal Marco Way  
Apartment 210

City

Marco Island

State

FL

Zip Code

34145-1806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
G. A. C. Chemical Corpora-  
tionOccupation  
Chief Executive Officer Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	1	1

Transaction ID: 2011M02L11AI01619

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

3600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 722 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Donald Powell

Mailing Address 806 Arcadia Drive

City

Vacaville

State

CA

Zip Code

95687-0820

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01620

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. William Powell

Mailing Address 849 Glendalyn Avenue

City

Spartanburg

State

SC

Zip Code

29302-1405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Spartanburg Area Mental  
Health Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01621

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mary E. Predel

Mailing Address 59 Garnsey Road

City

Rexford

State

NY

Zip Code

12148-1205

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Small Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01622

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 723 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mrs. Mimi Prentice

Mailing Address 435 E. 52nd Street  
Apartment 12GCity State Zip Code  
New York NY 10022-6445FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	1	1

Transaction ID: 2011M02L11AI01623

Amount of Each Receipt this Period

1010.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Barry D. Pressman

Mailing Address 806 N. Camden Drive

City State Zip Code  
Beverly Hills CA 90210-3026FEC ID number of contributing  
federal political committee.

C

Name of Employer  
C.S.I.M.G.Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: 2011M02L11AI01624

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard M. Prevatt

Mailing Address 22388 Deerpath Court

City State Zip Code  
Great Mills MD 20634-2443FEC ID number of contributing  
federal political committee.

C

Name of Employer  
laiOccupation  
Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	1	1

Transaction ID: 2011M02L11AI01625

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1510.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 724 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Tina L. Prevatt

Mailing Address 22388 Deerpath Court

City

Great Mills

State

MD

Zip Code

20634-2443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI01626

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Albert Price

Mailing Address 3610 Buttonwood Drive  
Suite 200

City

Columbia

State

MO

Zip Code

65201-3721

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01627

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Darleen M. Price

Mailing Address 12694 Ionia Court

City

Strongsville

State

OH

Zip Code

44149-3233

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01628

Amount of Each Receipt this Period

245.00

**SUBTOTAL** of Receipts This Page (optional) .....

745.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 725 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Frank S. Price

Mailing Address P.O. Box 907

City

Sterling City

State

TX

Zip Code

76951-0907

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Ranching

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01629

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Marcus Price

Mailing Address 38544 3Rd Avenue

City

Zephyrhills

State

FL

Zip Code

33542

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
G.P.F.C.

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01630

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Peggy Price

Mailing Address 2330 N. Fritz Drive

City

Bloomington

State

IN

Zip Code

47408-1331

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01631

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

860.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 726 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Peggy Price

Mailing Address 2330 N. Fritz Drive

City

**Bloomington**

State

**IN**

Zip Code

**47408-1331**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

**01 / 25 / 2011**

**Transaction ID: 2011M02L11AI01632**

Amount of Each Receipt this Period

**110.00**

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Prudence Price

Mailing Address 5852 Lancaster Drive

City

**San Diego**

State

**CA**

Zip Code

**92120**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**01 / 20 / 2011**

**Transaction ID: 2011M02L11AI01633**

Amount of Each Receipt this Period

**250.00**

**C.**

Full Name (Last, First, Middle Initial)

Dr. John S. Prince

Mailing Address P.O. Box 508

City

**Emporia**

State

**VA**

Zip Code

**23847-0508**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**01 / 19 / 2011**

**Transaction ID: 2011M02L11AI01634**

Amount of Each Receipt this Period

**250.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**610.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 727 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Gregory Probst

Mailing Address 4921 Fall Creek Road

City

Indianapolis

State

IN

Zip Code

46220-5374

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01635

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Ruth Propst

Mailing Address 4005 Via Solano

City

Palos Verdes Estat

State

CA

Zip Code

90274-1129

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01636

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. D. Bruce Prout

Mailing Address 450 Ramona Avenue

City

Sierra Madre

State

CA

Zip Code

91024-2327

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01637

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

745.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 728 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Henryk Prusaczyk

Mailing Address 20 Hilander Drive

City

Albany

State

NY

Zip Code

12211

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01638

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. J. Bruce Pryor

Mailing Address 49 Tahquitz Court

City

Camarillo

State

CA

Zip Code

93012-0907

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01639

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John A. Pryor

Mailing Address 379 S. Wake Forest Avenue

City

Ventura

State

CA

Zip Code

93003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01640

Amount of Each Receipt this Period

330.00

**SUBTOTAL** of Receipts This Page (optional) .....

880.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 729 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Dr. Barry Puchkoff

Mailing Address 16 Stonebury Way

City

Tewksbury

State

MA

Zip Code

01876-2855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	1	/	2	0	1	1

Transaction ID: 2011M02L11AI01641

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Clifford Pugh

Mailing Address 1099 Industrial Blvd

City

Crossville

State

TN

Zip Code

38555-5400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Equipment Dealer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: 2011M02L11AI01642

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Susan C. Puhl

Mailing Address 3 Highview Knoll N. W.

City

Iowa City

State

IA

Zip Code

52240-9149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	1	1

Transaction ID: 2011M02L11AI01643

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 730 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Ms. Kathleen Oot Quinn

Mailing Address 505 E. Fayette Street  
Suite 214City State Zip Code  
Syracuse NY 13202-1943FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self-EmployedOccupation  
Insurance/Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: 2011M02L11AI01644

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Nancy L. Quinn

Mailing Address 10315 181st Avenue E.

City State Zip Code  
Bonney Lake WA 98391-5110FEC ID number of contributing  
federal political committee.**C**Name of Employer  
WidowOccupation  
Widow

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	1	1

Transaction ID: 2011M02L11AI01645

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Pamela D. Quisling

Mailing Address 2437 Golf Club Lane

City State Zip Code  
Nashville TN 37215-1109FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: 2011M02L11AI01646

Amount of Each Receipt this Period

255.00

SUBTOTAL of Receipts This Page (optional) .....

1005.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 731 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Esther E. Raby

Mailing Address 5338 S. Joshua Tree Court

City

Apache Junction

State

AZ

Zip Code

85118-5061

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01647

Amount of Each Receipt this Period

1100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul F. Radcliffe

Mailing Address 20 Mac Lean Road

City

Clifton

State

NJ

Zip Code

07013-4027

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dentistry Today, Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01648

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Hans Raebbelen

Mailing Address 2611 Seeblick Court

City

El Dorado Hills

State

CA

Zip Code

95762-9749

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01649

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 732 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert Raffo Jr.

Mailing Address 1 Round Top Lane

City State Zip Code  
**Mahopac NY 10541**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pro2Tec

Occupation  
Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 3 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01650**

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Daniel Ragen

Mailing Address 711 5Th Avenue  
Suite 502

City State Zip Code  
**New York NY 10022-3121**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Del Mar Asset Management

Occupation  
Investment Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 8 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01651**

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Louise Rahl

Mailing Address 19817 Arroya Road

City State Zip Code  
**Dalhart TX 79022**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 4 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01652**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 733 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Earl Raley

Mailing Address 123 Florida Shores Blvd

City

Daytona Beach

State

FL

Zip Code

32118-5640

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01653

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Bette Rambo

Mailing Address 5136 N. 31St Place  
Unit 631

City

Phoenix

State

AZ

Zip Code

85016-4531

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01654

Amount of Each Receipt this Period

245.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Pedro Ramirez

Mailing Address 2503 Valley Ridge Court

City

Colleyville

State

TX

Zip Code

76034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01655

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

715.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 734 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John G. Rangos, Sr.

Mailing Address 10 Bay Colony Drive

City

Fort Lauderdale

State

FL

Zip Code

33308-2002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01656

Amount of Each Receipt this Period

1020.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Renee Ransom

Mailing Address 9518 Cypresswood

City

Spring

State

TX

Zip Code

77379-2531

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01657

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Raphael

Mailing Address 666 Main Street  
Apartment 412

City

Winchester

State

MA

Zip Code

01890-3845

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01658

Amount of Each Receipt this Period

240.00

**SUBTOTAL** of Receipts This Page (optional) .....

1510.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 735 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. Gabrielle D. Rasi

Mailing Address 6357 Coyle Avenue

City

Carmichael

State

CA

Zip Code

95608-0438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	1	1

Transaction ID: 2011M02L11AI01659

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Keith O. Rattie

Mailing Address 3238 Mountain Top Lane

City

Park City

State

UT

Zip Code

84060-6817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Questar CorporationOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	1	1

Transaction ID: 2011M02L11AI01660

Amount of Each Receipt this Period

700.00

**C.**

Full Name (Last, First, Middle Initial)

Dawne Raulet

Mailing Address 30 Asheworth Court

City

Atlanta

State

GA

Zip Code

30327-1531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Mom

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	1	1

Transaction ID: 2011M02L11AI01661

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 736 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Betty Raun

Mailing Address 2706 Hutchins Lane

City

El Campo

State

TX

Zip Code

77437-2161

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01662

Amount of Each Receipt this Period

245.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Gretchen F. Ravenscroft

Mailing Address 9810 E. Thompson Peak Parkway #801

City

Scottsdale

State

AZ

Zip Code

85255-6614

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01663

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard Rawlings

Mailing Address 6 Greenmeadow Lane

City

Bedford

State

NH

Zip Code

03110-6301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01664

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

885.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 737 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William C. Rawson

Mailing Address 3091 Maple Drive N.E.  
Suite 204

City State Zip Code  
**Atlanta GA 30305-2612**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 9 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01665**

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Julian Ray

Mailing Address 1961 California Street

City State Zip Code  
**San Francisco CA 94109**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 0 3 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01666**

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Clifford L. Raymer

Mailing Address 3043 Brightwood Lane S.E.

City State Zip Code  
**Marietta GA 30067-9121**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 0 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01667**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**750.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 738 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Bruce A. Raymond

Mailing Address 218 Salem Drive

City

Pittsburgh

State

PA

Zip Code

15241-2226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	1

Transaction ID: 2011M02L11AI01668

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Terry Reardon

Mailing Address 655 Saint James Court

City

Belton

State

MO

Zip Code

64012-2196

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	1	1

Transaction ID: 2011M02L11AI01669

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Jane Reck

Mailing Address 118 Bellevue Blvd. S.

City

Bellevue

State

NE

Zip Code

68005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	1

Transaction ID: 2011M02L11AI01670

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional) .....

1400.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 739 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mrs. Jane F. Rector

Mailing Address 325 N. Broadway

City

Azle

State

TX

Zip Code

76020-3745

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	1

Transaction ID: 2011M02L11AI01671

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stephen W. Rector

Mailing Address 2745 E. Long Lane

City

Greenwood Village

State

CO

Zip Code

80121-1722

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RIM Operating Inc.Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	1

Transaction ID: 2011M02L11AI01672

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Frank F. Reed

Mailing Address 1944 E. Valley Road

City

Santa Barbara

State

CA

Zip Code

93108-1428

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	1

Transaction ID: 2011M02L11AI01673

Amount of Each Receipt this Period

605.00

SUBTOTAL of Receipts This Page (optional) .....

1355.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 740 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth R. Rees

Mailing Address 2261 Deborah Lane

City

Edmond

State

OK

Zip Code

73034-3065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heartland Exploration

Occupation

Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	1

Transaction ID: 2011M02L11AI01674

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gunther Reese

Mailing Address 15736 Glenisle Way

City

Fort Myers

State

FL

Zip Code

33912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	1

Transaction ID: 2011M02L11AI01675

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Christopher G. Rehme

Mailing Address 12664 Shorevista Drive

City

Indianapolis

State

IN

Zip Code

46236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	1	1

Transaction ID: 2011M02L11AI01676

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 741 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Eric Reichenbaum

Mailing Address 98 Cuttermill Rd Suit 350

City

Great Neck

State

NY

Zip Code

11021

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01677

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James D. Reid

Mailing Address 2304 York Avenue

City

Lubbock

State

TX

Zip Code

79407

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Joseph Health System

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01678

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Rose Reilly

Mailing Address 2903 Ravenhill Circle

City

Littleton

State

CO

Zip Code

80126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01679

Amount of Each Receipt this Period

325.00

**SUBTOTAL** of Receipts This Page (optional) .....

795.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 742 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Werner Reinartz

Mailing Address 5509 Daisy Lane

City

Coopersburg

State

PA

Zip Code

18036-1710

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Reynolds & Reynolds Elect-  
ronic

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01680

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ronald Reinhardt

Mailing Address 23550 County Road 10

City

La Jara

State

CO

Zip Code

81140

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01681

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Isabel A. Reithebuch

Mailing Address 1370 Nepperhan Avenue

City

Yonkers

State

NY

Zip Code

10703-1012

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01682

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 743 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Leanora A. Remillard

Mailing Address 3233 N.E. 34Th Street  
 Apartment 1410

City State Zip Code  
**Fort Lauderdale FL 33308-6922**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 0 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01683**

Amount of Each Receipt this Period

265.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ernest E. Renaud

Mailing Address 1220 Taborlake Cove

City State Zip Code  
**Lexington KY 40502-7720**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 8 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01684**

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Brian Reynolds

Mailing Address 400 Galleria Parkway

City State Zip Code  
**Atlanta GA 30339**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Chatham Capital

Occupation  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 7 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01685**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1765.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 744 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Dan Reynolds

Mailing Address 11 Shady Bend Drive

City

Melissa

State

TX

Zip Code

75454-8918

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01686

Amount of Each Receipt this Period

360.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Jeanne L. Reynolds

Mailing Address 533 Las Fuentes Drive

City

Santa Barbara

State

CA

Zip Code

93108-2250

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01687

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert L. Rich

Mailing Address 1683 Camden Court

City

Arnold

State

MD

Zip Code

21012-2547

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01688

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

2760.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 745 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Griffith Richard

Mailing Address 3417 Milam

City

Houston

State

TX

Zip Code

77002-9531

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01689

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Trumbull L. Richard

Mailing Address 7450 Olivetas Avenue  
Apartment 109

City

La Jolla

State

CA

Zip Code

92037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01690

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Trumbull L. Richard

Mailing Address 7450 Olivetas Avenue  
Apartment 109

City

La Jolla

State

CA

Zip Code

92037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01691

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1700.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 746 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. John E. Richardson

Mailing Address 109 Hampton Lane

City

Blue Bell

State

PA

Zip Code

19422-2605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	1

Transaction ID: 2011M02L11AI01692

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Monte F. Richardson

Mailing Address 29 Highbridge Xing #3301

City

Asheville

State

NC

Zip Code

28803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	1

Transaction ID: 2011M02L11AI01693

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Larry A. Richeson

Mailing Address 5818 N. Jackson Road

City

Edinburg

State

TX

Zip Code

78541-6066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	1	1

Transaction ID: 2011M02L11AI01694

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional) .....

690.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 747 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles R. Richmond

Mailing Address 425 Pike Street

City  
**Seattle**

State  
**WA**

Zip Code  
**98101-3902**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Washington Federal Savings

Occupation  
 Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**01 / 28 / 2011**

**Transaction ID: 2011M02L11AI01695**

Amount of Each Receipt this Period

**350.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. Alfred Richter

Mailing Address 215 Oak Knoll Drive

City  
**Glendora**

State  
**CA**

Zip Code  
**91741-3044**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**01 / 05 / 2011**

**Transaction ID: 2011M02L11AI01696**

Amount of Each Receipt this Period

**250.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. Marvin O. Richter

Mailing Address 3801 Village View Drive  
 Apartment 1514

City  
**Gainesville**

State  
**GA**

Zip Code  
**30506-4338**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**450.00**

Date of Receipt

**01 / 06 / 2011**

**Transaction ID: 2011M02L11AI01697**

Amount of Each Receipt this Period

**450.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**1050.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 748 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Russel H. Rickard

Mailing Address 968 Foxridge Lane

City

Caryville

State

TN

Zip Code

37714-3756

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01698

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James Rickert

Mailing Address 2833 Country Woods Lane

City

Cincinnati

State

OH

Zip Code

45248-5040

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01699

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Graclynn L. Rider

Mailing Address 350 Parnassus Avenue  
Suite 9000

City

San Francisco

State

CA

Zip Code

94117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01700

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

1025.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 749 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William M. Riegel

Mailing Address 14 Surplus Street

City

Duxbury

State

MA

Zip Code

02332-4532

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01701

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Alan A. Rigling

Mailing Address 2128 Hamilton Richmond Road

City

Hamilton

State

OH

Zip Code

45013-1018

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01702

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William A. Riley, Jr.

Mailing Address 1547 Palos Verdes Mall  
Suite 283

City

Walnut Creek

State

CA

Zip Code

94597-2228

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01703

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

925.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 750 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James F. Rill

Mailing Address 7305 Masters Drive

City

Potomac

State

MD

Zip Code

20854-3850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Howrey L.L.P.

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01704

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Sarah Uzzell Rindlaub

Mailing Address 8441 S.E. 68Th Street  
Apartment 217

City

Mercer Island

State

WA

Zip Code

98040-5235

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01705

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Patrick Riordan

Mailing Address 127 Shephers Glen Road

City

Heath

State

TX

Zip Code

75032-7613

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01706

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 751 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Manuel Armando Rios

Mailing Address 14023 Campo Road

City

San Diego

State

CA

Zip Code

91935

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01707

Amount of Each Receipt this Period

130.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Manuel Armando Rios

Mailing Address 14023 Campo Road

City

San Diego

State

CA

Zip Code

91935

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01708

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William Ritchie

Mailing Address 5302 Brookeway Dr

City

Bethesda

State

MD

Zip Code

20816

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

574.24

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01709

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

730.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 752 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. William Ritchie

Mailing Address 5302 Brookeway Dr

City

Bethesda

State

MD

Zip Code

20816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ret.

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

574.24

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01710

Amount of Each Receipt this Period

74.24

**B.**

Full Name (Last, First, Middle Initial)

Mrs. T. L. Roach

Mailing Address 2411 S. Lipscomb Street

City

Amarillo

State

TX

Zip Code

79109-2329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Ranching / Oil Gas

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01711

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Charles S. Roberts

Mailing Address 415 Locust Avenue S.E.

City

Huntsville

State

AL

Zip Code

35801-3713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roberts Associates, Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01712

Amount of Each Receipt this Period

230.00

**SUBTOTAL** of Receipts This Page (optional) .....

554.24

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 753 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Edward B. Roberts

Mailing Address 300 Boylston Street  
Apartment 1102

City	State	Zip Code
Boston	MA	02116-3966

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
M.I.T.Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	1	/	2	0	1	1

Transaction ID: 2011M02L11AI01713

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stephen E. Roberts

Mailing Address 3180 Mathieson Drive N.E.  
Unit 902

City	State	Zip Code
Atlanta	GA	30305-1871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Real Estate Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	1

Transaction ID: 2011M02L11AI01714

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William B. Roberts

Mailing Address P.O. Box 2679

City	State	Zip Code
Casper	WY	82602-2679

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	1

Transaction ID: 2011M02L11AI01715

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional) .....

1025.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 754 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Pat H. Robertson

Mailing Address 1 Longhorn Road

City

Burnet

State

TX

Zip Code

78611-2800

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Camp Longhorn

Occupation

Summer Childrens' Camp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01716

Amount of Each Receipt this Period

550.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. E. Claiborne Robins, Jr.

Mailing Address 9878 Mayland Drive

City

Richmond

State

VA

Zip Code

23233-1410

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
E. C. Robins International

Occupation

Wine Distributor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01717

Amount of Each Receipt this Period

3000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bill Robinson

Mailing Address 31323 Village 31

City

Camarillo

State

CA

Zip Code

93012-7208

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01718

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

3650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 755 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bill Robinson

Mailing Address 31323 Village 31

City

Camarillo

State

CA

Zip Code

93012-7208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01719

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Guy Robinson

Mailing Address 27 Pepper Creek Way

City

Novato

State

CA

Zip Code

94947-2076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01720

Amount of Each Receipt this Period

290.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert A. Robinson

Mailing Address 1000 E. 80Th Place  
Suite 421N

City

Merrillville

State

IN

Zip Code

46410-5653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bikos & Associates, C.P.A-  
., P.C.

Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01721

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 756 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William J Robinson

Mailing Address 7201 S. Westminster Road

City State Zip Code  
**Oklahoma City OK 73150-5916**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired / USPS

Occupation  
Maintenance Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.12

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 3 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01722**

Amount of Each Receipt this Period

212.12

**B.**

Full Name (Last, First, Middle Initial)

Mr. William I. Rockefeller

Mailing Address 1658 Gifford Road

City State Zip Code  
**Phelps NY 14532-9736**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 9 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01723**

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Frank Roddie, Jr.

Mailing Address P.O. Box 30

City State Zip Code  
**Brady TX 76825**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 0 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01724**

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

**732.12**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 757 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James Rodeen

Mailing Address 12105 Ambasssador Drive  
 Apartment 215

City State Zip Code  
 Colorado Springs CO 80921-3626

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01725

Amount of Each Receipt this Period

240.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Louis Rodgers

Mailing Address 13138 Cedar Crest Lane

City State Zip Code  
 Clive IA 50325-6071

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01726

Amount of Each Receipt this Period

310.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Maria Rodriguez

Mailing Address 1856 Josie Avenue

City State Zip Code  
 Long Beach CA 90815-3431

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mercodo Cotrino Inc.

Occupation  
H.F.R. Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01727

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 758 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Hans J. Roebbelen

Mailing Address 2611 Seeblick Court

City

El Dorado Hills

State

CA

Zip Code

95762-9756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: 2011M02L11AI01728

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Roell

Mailing Address 9 Stimson Avenue

City

Lexington

State

MA

Zip Code

02421-7516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riversource InvestmentsOccupation  
Portfolio Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: 2011M02L11AI01729

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John W. Rogers

Mailing Address 15941 Glenisle Way

City

Fort Myers

State

FL

Zip Code

33912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: 2011M02L11AI01730

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 759 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Paul P. Romeo

Mailing Address 10999 Terry Way

City

Los Altos

State

CA

Zip Code

94024-6539

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01731

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James W. Root

Mailing Address 14611 Broadgreen Drive

City

Houston

State

TX

Zip Code

77079-6426

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01732

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Leslie Rose

Mailing Address 330 S. Ocean Blvd.  
Apartment 3B

City

Palm Beach

State

FL

Zip Code

33480-4263

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01733

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 760 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Marjorie Rose

Mailing Address 327 N. Old Woodward Avenue  
Penthouse 409

City State Zip Code  
**Birmingham MI 48009-5331**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 0 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01734**

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Frances Rosebro

Mailing Address 1323 Queens Road  
Unit 209

City State Zip Code  
**Charlotte NC 28207-2148**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1335.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 3 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01735**

Amount of Each Receipt this Period

1335.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. C. R. Rosen

Mailing Address 631 Maitland Avenue

City State Zip Code  
**Teaneck NJ 07666**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 3 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01736**

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

**2555.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 761 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Norman Rosen

Mailing Address 332 Ridgeview Avenue

City

Rockford

State

IL

Zip Code

61107-5027

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01737

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Keith Rotenberg

Mailing Address 12 Canterbury Road

City

Denville

State

NJ

Zip Code

07834-9614

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Reliant Pharmaceuticals

Occupation  
Senior Vice President/Research Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01738

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Raymond Rothfelder

Mailing Address 802 Haverford Avenue

City

Pacific Palisades

State

CA

Zip Code

90272-4314

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Manulife Financial

Occupation  
Property Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01739

Amount of Each Receipt this Period

490.00

**SUBTOTAL** of Receipts This Page (optional) .....

965.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 762 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Karl C. Rove

Mailing Address P.O. Box 25564

City

Washington

State

DC

Zip Code

20027

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01740

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Noel Rowan

Mailing Address 2808 Cape Hope Way

City

Las Vegas

State

NV

Zip Code

89121-4119

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Comprehensive Cancer Cent-  
er

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01741

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard Rowe

Mailing Address 174 S. Collier Blvd.  
Apartment 1001

City

Marco Island

State

FL

Zip Code

34145

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01742

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

5750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 763 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Florence J. Rowland

Mailing Address 676A Lakeview Drive

City

Southbury

State

CT

Zip Code

06488-1564

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01743

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Wendy G. Rowland

Mailing Address 27 Waldron Street

City

Marblehead

State

MA

Zip Code

01945

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01744

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Samuel Rubinfeld

Mailing Address P.O. Box 11024

City

Marina Del Rey

State

CA

Zip Code

90295-7024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Real Estate Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01745

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

770.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 764 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bart Rudd

Mailing Address 206 Heritage Way

City

London

State

KY

Zip Code

40741-9790

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pinecreek Properties, LLC

Occupation

Property Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01746

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Isabel F. Rudolph

Mailing Address 1381 Shady Lane

City

Mount Bethel

State

PA

Zip Code

18343-5934

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01747

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gary L. Ruebel

Mailing Address 11152 Aurora Avenue

City

Urbandale

State

IA

Zip Code

50322-7903

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Businessman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01748

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 765 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. R. Kane Rufe

Mailing Address 23005 N. 74Th Street #4034  
 Vi At Silverstone

City State Zip Code  
 Scottsdale AZ 85255

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 1 1

**Transaction ID:** 2011M02L11AI01749

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stanley M. Runbough

Mailing Address 44 Cocoanut Row

City State Zip Code  
 Palm Beach FL 33480-4069

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Venture Capitalist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 3 1 / 2 0 1 1

**Transaction ID:** 2011M02L11AI01750

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard K. Russell, Sr.

Mailing Address 198 Hard Hill Road N.

City State Zip Code  
 Bethlehem CT 06751-1519

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 4 / 2 0 1 1

**Transaction ID:** 2011M02L11AI01751

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

1125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 766 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jack B. Ryan

Mailing Address 1 Kochani Street

City

Cochiti Lake

State

NM

Zip Code

87083

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01752

Amount of Each Receipt this Period

305.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John J. Ryan, III

Mailing Address 2800 North Flagler Drive  
Apartment 1008

City

West Palm Beach

State

FL

Zip Code

33407-5225

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI01753

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Lois L. Ryan

Mailing Address 420 Gemini Street

City

Mission

State

TX

Zip Code

78572-6514

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01754

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1705.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 767 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard P. Ryan

Mailing Address 1602 Winners Cup Circle

City

Saint Charles

State

IL

Zip Code

60174-5846

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lean Advantage Inc

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01755

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Roger D. Ryan

Mailing Address 1146 Plantation Lane

City

Mount Pleasant

State

SC

Zip Code

29464-7216

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01756

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. W. Scott Ryan

Mailing Address 104 Bee Gee Road

City

Lumberton

State

NC

Zip Code

28358

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Children's Health of Caro-  
lina, PA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01757

Amount of Each Receipt this Period

550.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 768 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Wayne L. Ryan

Mailing Address 1606 S. 187Th Circle

City

Omaha

State

NE

Zip Code

68130-2809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Streck, Inc.Occupation  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	1	1

Transaction ID: 2011M02L11AI01758

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Marcus H. Sachs

Mailing Address 13600 Flintwood Place

City

Herndon

State

VA

Zip Code

20171-3331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VerizonOccupation  
Vice President/National Security Polic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	1	1

Transaction ID: 2011M02L11AI01759

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Johnny K. Sakioka

Mailing Address 2012 Galaxy Drive

City

Newport Beach

State

CA

Zip Code

92660-3829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	1

Transaction ID: 2011M02L11AI01760

Amount of Each Receipt this Period

385.00

SUBTOTAL of Receipts This Page (optional) .....

1785.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 769 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gary Salisbury

Mailing Address P.O. Box 662

City

Hope

State

AR

Zip Code

71801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ftl Transportation Serv-  
ices

Occupation

President & Ceo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01761

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Fla L. Samimi

Mailing Address 10574 Lieter Place

City

Lone Tree

State

CO

Zip Code

80124-9786

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Bookkeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01762

Amount of Each Receipt this Period

255.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Philippe Samson

Mailing Address 10302 E. Shadybrook Street

City

Wichita

State

KS

Zip Code

67206-8922

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Via Christ's Regional Med-  
ical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01763

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1005.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 770 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Bill E. Sanders

Mailing Address P.O. Box 1545

City State Zip Code  
 Hot Springs AR 71902-1545

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01764

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Richard Sanders

Mailing Address 7625 Myrtle Beach Drive

City State Zip Code  
 Beaumont TX 77707-5428

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01765

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mrs. April Sansom

Mailing Address 1914 W. Gray #101

City State Zip Code  
 Houston TX 77019

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01766

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

720.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 771 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John M. Sansom

Mailing Address 9455 Pensacola Blvd.  
Suite B.

City State Zip Code  
**Pensacola FL 32534-1237**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 0 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01767**

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Julio A. Santoyo

Mailing Address 8754 S.W. 54Th Terrace

City State Zip Code  
**Miami FL 33165-6727**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 3 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01768**

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John W. Sargeant

Mailing Address 118 Woodhaven Drive

City State Zip Code  
**Sidney OH 45365-9478**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01769**

Amount of Each Receipt this Period

330.00

**SUBTOTAL** of Receipts This Page (optional) .....

1580.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 772 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Sally B. Saunders

Mailing Address 1710 Randel Road

City State Zip Code  
 Nichols Hills OK 73116

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01770

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William W. Saunders

Mailing Address 606 Ridgemont Avenue

City State Zip Code  
 San Antonio TX 78209-2843

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01771

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Brian K. Savage

Mailing Address 17 Linda Avenue

City State Zip Code  
 Swanton VT 05488-1026

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01772

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

775.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 773 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas W. Savage

Mailing Address 24 Docside Lane #451

City

Key Largo

State

FL

Zip Code

33037-5267

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01773

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Peter R. Sawers

Mailing Address 2500 Indigo Lane

City

Glenview

State

IL

Zip Code

60026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01774

Amount of Each Receipt this Period

550.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert P. Sawyer

Mailing Address 1781 Wyoming Street

City

Longwood

State

FL

Zip Code

32750-6153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01775

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 774 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stephen R. Sayre

Mailing Address 10095 Upland Road

City

Ensign

State

KS

Zip Code

67841-9306

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01776

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. J. Banks Scarborough

Mailing Address 3217 Lakeshore Drive

City

Florence

State

SC

Zip Code

29501-8231

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01777

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Linda Schaefer

Mailing Address 5838 Donegal Road

City

Hubertus

State

WI

Zip Code

53033

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01778

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

720.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 775 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Susan Schaff

Mailing Address 5160 Foothill Road

City

Carpinteria

State

CA

Zip Code

93013

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

**Transaction ID:** 2011M02L11AI01779

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jordan T. Schanck

Mailing Address 38 Crovdon Lane

City

Pak Harbor

State

IL

Zip Code

60523

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

**Transaction ID:** 2011M02L11AI01780

Amount of Each Receipt this Period

510.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Charles G. Schappert, Sr.

Mailing Address 1224 Forest Parkway  
P.O. Box 479

City

Paulsboro

State

NJ

Zip Code

08066-0479

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
H.P.S., Inc.

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

**Transaction ID:** 2011M02L11AI01781

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1260.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 776 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles G. Schappert, Sr.

Mailing Address 1224 Forest Parkway  
P.O. Box 479City State Zip Code  
Paulsboro NJ 08066-0479FEC ID number of contributing  
federal political committee.**C**Name of Employer  
H.P.S., Inc.Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	1	1

Transaction ID: 2011M02L11AI01782

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Joann Schatko

Mailing Address 17810 24 Mile Road

City State Zip Code  
Macomb MI 48042-2907FEC ID number of contributing  
federal political committee.**C**Name of Employer  
HomemakerOccupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: 2011M02L11AI01783

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Wayne N. Schelle

Mailing Address 1055 W. Joppa Road  
Unit 704City State Zip Code  
Towson MD 21204FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	1

Transaction ID: 2011M02L11AI01784

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 777 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Virgil Schenck, Jr.

Mailing Address 5440 Schneck Avenue

City

Rockledge

State

FL

Zip Code

32955

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	1

Transaction ID: 2011M02L11AI01785

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Richard H. Schermer

Mailing Address One John Anderson Drive  
Apartment 620

City

Ormond Beach

State

FL

Zip Code

32176-5790

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	4	/	2	0	1	1

Transaction ID: 2011M02L11AI01786

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William L Schilling

Mailing Address 7 Willow Wood

City

Dallas

State

TX

Zip Code

75205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	1	1

Transaction ID: 2011M02L11AI01787

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

770.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 778 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Lois Schindler

Mailing Address 200 Hart Lane

City

Dripping Springs

State

TX

Zip Code

78620

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01788

Amount of Each Receipt this Period

205.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Myra K. Schliesing

Mailing Address 1765 Evangeline Lane

City

Anchorage

State

AK

Zip Code

99517

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01789

Amount of Each Receipt this Period

255.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Carl R. Schlotman, Jr.

Mailing Address 8551 New England Court

City

Cincinnati

State

OH

Zip Code

45235

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Insurance Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01790

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

710.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 779 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Clifford Allen Schmid

Mailing Address 425 Dockside Drive  
Unit 702

City	State	Zip Code
Naples	FL	34110-3658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	1	/	2	0	1	1

Transaction ID: 2011M02L11AI01791

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Wilfred Schmoie

Mailing Address 190 W. Continental Road #220-320

City	State	Zip Code
Green Valley	AZ	85622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	4	/	2	0	1	1

Transaction ID: 2011M02L11AI01792

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Herbert J. Schneider

Mailing Address 3520 Lansing Loop  
Unit 102

City	State	Zip Code
Estero	FL	33928-1902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	1	1

Transaction ID: 2011M02L11AI01793

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1025.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 780 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert L. Schneider

Mailing Address 14392 Willow Lane

City

Tustin

State

CA

Zip Code

92780-2345

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Boeing

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01794

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Peter D. Schofield

Mailing Address 205 Welton Drive

City

Madison

State

AL

Zip Code

35757-8620

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sparta, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01795

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard L. Scholl

Mailing Address 2923 Maple Street

City

Michigan City

State

IN

Zip Code

46360

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01796

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

770.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 781 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Duaine Schoneweis

Mailing Address P.O. Box 155

City

Medford

State

OK

Zip Code

73759-0155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	1	/	2	0	1	1

Transaction ID: 2011M02L11AI01797

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Christopher G. Schroeder

Mailing Address 2064 Allouez Avenue

City

Green Bay

State

WI

Zip Code

54311-6230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J.S.A.Occupation  
C.F.O./V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	1	1

Transaction ID: 2011M02L11AI01798

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Marlene Schube

Mailing Address 7341 Waterpoint Lane

City

Cincinnati

State

OH

Zip Code

45255-3925

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dualite, Inc.Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	1	1

Transaction ID: 2011M02L11AI01799

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional) .....

1150.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 782 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Margaret Schuhmann

Mailing Address 1622 Dauphin Avenue

City

Wyomissing

State

PA

Zip Code

19610-2314

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01800

Amount of Each Receipt this Period

85.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Margaret Schuhmann

Mailing Address 1622 Dauphin Avenue

City

Wyomissing

State

PA

Zip Code

19610-2314

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01801

Amount of Each Receipt this Period

215.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gregory C. Schuler

Mailing Address 201 E. 5Th Street  
Suite 1520

City

Cincinnati

State

OH

Zip Code

45202-4126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01802

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 783 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Barbara L. Schulte

Mailing Address 16021 Kube Court

City

Houston

State

TX

Zip Code

77040

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01803

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Leland Schulze

Mailing Address P.O. Box 282

City

Brownsville

State

MN

Zip Code

55919-0282

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01804

Amount of Each Receipt this Period

215.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jim Schumacher

Mailing Address P.O. Box 949

City

Mukilteo

State

WA

Zip Code

98275-0949

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Property Mang

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01805

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

965.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 784 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Angela Schwall

Mailing Address 3808 Cottage Lane

City State Zip Code  
**Edmond OK 73013**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 0 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01806**

Amount of Each Receipt this Period

131.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Angela Schwall

Mailing Address 3808 Cottage Lane

City State Zip Code  
**Edmond OK 73013**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 7 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01807**

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ramon Schwartz, Jr.

Mailing Address 10 Law Range

City State Zip Code  
**Sumter SC 29150-4938**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Schwartz, McLeod, Durant  
& Jordan

Occupation  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01808**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**481.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 785 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Price Schwenck

Mailing Address 342 Royal Tern Road S.

City State Zip Code  
**Ponte Vedra FL 32082**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 2 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01809**

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Anthony J. Sciacca, Jr.

Mailing Address 13565 W. Blanchard Road

City State Zip Code  
**Gurnee IL 60031-1109**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 0 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01810**

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John J. Scianna, Sr.

Mailing Address 765 Housatonic Avenue

City State Zip Code  
**Bridgeport CT 06604-2806**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
H.V.A.C. Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 0 3 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01811**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**750.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 786 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Ruth B. Scollin

Mailing Address 3315 Calle Noguera

City

**Santa Barbara**

State

**CA**

Zip Code

**93105-2606**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**01 / 07 / 2011**

**Transaction ID: 2011M02L11AI01812**

Amount of Each Receipt this Period

**500.00**

**B.**

Full Name (Last, First, Middle Initial)

Brandon Scott

Mailing Address 6783 Beech Dr

City

**Arvada**

State

**CO**

Zip Code

**80004-2059**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cimarex Energy Co

Occupation  
Strategic Projects Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**01 / 05 / 2011**

**Transaction ID: 2011M02L11AI01813**

Amount of Each Receipt this Period

**250.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. Valentino Scott

Mailing Address 19725 Sherman Way  
Suite 310

City

**Winnetka**

State

**CA**

Zip Code

**91306-3665**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
V.S. Associates, Inc.

Occupation  
President / C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**01 / 07 / 2011**

**Transaction ID: 2011M02L11AI01814**

Amount of Each Receipt this Period

**240.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**990.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 787 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Susan Screbant

Mailing Address 81 Bell Canyon Road

City State Zip Code  
**Bell Canyon CA 91307**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

**01 / 19 / 2011**

**Transaction ID: 2011M02L11AI01815**

Amount of Each Receipt this Period

275.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Douglas Scrivner

Mailing Address 25461 W. Fremont Road

City State Zip Code  
**Los Altos Hills CA 94022-3538**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Accenture

Occupation  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

**01 / 31 / 2011**

**Transaction ID: 2011M02L11AI01816**

Amount of Each Receipt this Period

10000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gordon Scroggins

Mailing Address 9613 Payton Drive

City State Zip Code  
**Lavaca AR 72941-5448**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Atlantis Plastics, Inc.

Occupation  
Molding Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**01 / 18 / 2011**

**Transaction ID: 2011M02L11AI01817**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

10525.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 788 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Louie H. Seabolt

Mailing Address 1431 Jackson Ridge Rd.

City State Zip Code  
 Greensboro GA 30642

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Retired Businessman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01818

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. George Seagraves

Mailing Address 9801 211th Street W

City State Zip Code  
 Lakeville MN 55044-7313

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
D.R. Horton, Inc.

Occupation  
Homebuilder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01819

Amount of Each Receipt this Period

210.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Irving Seaman, Jr.

Mailing Address 666 N. Sheridan Road

City State Zip Code  
 Lake Forest IL 60045-2341

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01820

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1460.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 789 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Edward Seastrand

Mailing Address 12 Keswick Lane

City

Crossville

State

TN

Zip Code

38558

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01821

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Seidel

Mailing Address P.O. Box 311988

City

New Braunfels

State

TX

Zip Code

78131-1988

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Realtor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01822

Amount of Each Receipt this Period

255.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Alan W. Senesac

Mailing Address 798 E. Boulevard

City

Pine Village

State

IN

Zip Code

47975-8053

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01823

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

955.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 790 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James L. Sexton

Mailing Address 5900 Nutcracker Drive

City

Granbury

State

TX

Zip Code

76049-4176

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01824

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Beverly Shafer

Mailing Address 285 Hirschmann Road

City

Biglerville

State

PA

Zip Code

17307-9009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01825

Amount of Each Receipt this Period

440.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Sidney F. Shankland

Mailing Address P.O. Box 8105

City

Rancho Santa Fe

State

CA

Zip Code

92067

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01826

Amount of Each Receipt this Period

245.00

**SUBTOTAL** of Receipts This Page (optional) .....

985.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 791 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ted L. Shannon

Mailing Address 3803 Case Street

City

Houston

State

TX

Zip Code

77005-3601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01827

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David Shapell

Mailing Address 218 Foothill Road

City

Beverly Hills

State

CA

Zip Code

90210-4921

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Shapell Industries, Inc.

Occupation  
Executive/Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01828

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Randall Sharer

Mailing Address 839 Foxen Canyon Road

City

Santa Maria

State

CA

Zip Code

93454-9608

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01829

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

1070.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 792 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Chris M. Shaughnessy

Mailing Address 6105 Bend O. River Drive

City

Austin

State

TX

Zip Code

78746-7201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01830

Amount of Each Receipt this Period

375.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Betty Shaul

Mailing Address 8801 S. Yale Avenue  
Suite 130

City

Tulsa

State

OK

Zip Code

74137-3575

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01831

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Donna J. Shaw

Mailing Address 13915 104th Avenue

City

Davenport

State

IA

Zip Code

52804-9040

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01832

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 793 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William W. Shaw

Mailing Address Thomasville Route  
H.C. 3 Box 60A

City Birch Tree State MO Zip Code 65438-9304

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01833

Amount of Each Receipt this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James J. Shea, Jr.

Mailing Address 70168 Sonora Road

City Rancho Mirage State CA Zip Code 92270-3431

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01834

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Marybeth Shea

Mailing Address 615 W. Deming Place  
Apartment 301

City Chicago State IL Zip Code 60614-2667

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01835

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 794 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. William J. Sheehan, Jr.

Mailing Address 27 Elm Drive

City

New Hyde Park

State

NY

Zip Code

11040-3348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
H.S.B.C.

Occupation

Tax Preparer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	1	1

Transaction ID: 2011M02L11AI01836

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth E. Shepard

Mailing Address 13 Shadow Way

City

Decatur

State

AL

Zip Code

35603-6354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
L-3 Communications

Occupation

Sr. Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: 2011M02L11AI01837

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth E. Shepard

Mailing Address 13 Shadow Way

City

Decatur

State

AL

Zip Code

35603-6354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
L-3 Communications

Occupation

Sr. Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: 2011M02L11AI01838

Amount of Each Receipt this Period

110.00

SUBTOTAL of Receipts This Page (optional) .....

1220.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 795 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Alva L. Sheraden

Mailing Address P.O. Box 896

City

Packwood

State

IA

Zip Code

52580-0896

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01839

Amount of Each Receipt this Period

625.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bill D. Shields

Mailing Address 2652 Grubb Road

City

Wilmington

State

DE

Zip Code

19810-2451

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
G.E.H.R. Plastics U.S.A.

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01840

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. C Kay Shields

Mailing Address 1220 Chambers Rd#424C

City

Columbus

State

OH

Zip Code

43212

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01841

Amount of Each Receipt this Period

330.00

**SUBTOTAL** of Receipts This Page (optional) .....

1255.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 796 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Shields

Mailing Address 20041 Legacy Court

City

Estero

State

FL

Zip Code

33928-7613

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01842

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Naser Olia Shirazi

Mailing Address 16 Sugar Pine Road

City

Newport Coast

State

CA

Zip Code

92657

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01843

Amount of Each Receipt this Period

245.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Lois Shively

Mailing Address 12401 N. 22Nd Street  
Apartment F606

City

Tampa

State

FL

Zip Code

33612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01844

Amount of Each Receipt this Period

385.00

**SUBTOTAL** of Receipts This Page (optional) .....

1130.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 797 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles R. Shoemate

Mailing Address 180 Loggerhead Point

City

Vero Beach

State

FL

Zip Code

32963

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01845

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Eldon W. Shuey

Mailing Address 14501 New Hampton Place

City

Fort Myers

State

FL

Zip Code

33912-7011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01846

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Rand Shulman

Mailing Address 3030 Bonebridge Way Blvd.

City

Houston

State

TX

Zip Code

77082-6800

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01847

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

3020.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 798 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Charles W. Shuman

Mailing Address 4814 King Solomon Drive

City

Annandale

State

VA

Zip Code

22003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01848

Amount of Each Receipt this Period

1200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Sias

Mailing Address 1100 Sacramento Street  
Apartment 1002

City

San Francisco

State

CA

Zip Code

94108-1917

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01849

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ronald R. Sibila

Mailing Address 2151 Carlyle Street N.E.

City

Massillon

State

OH

Zip Code

44646

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01850

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 799 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Lawrence R. Siedlick

Mailing Address 441 Hempstead Avenue

City

Rockville Centre

State

NY

Zip Code

11570-2042

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sunrise Medical Laborator-  
ies

Occupation  
Ceo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01851

Amount of Each Receipt this Period

30400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Vernon Sieling

Mailing Address 4040 Moonraher Drive

City

Pensacola

State

FL

Zip Code

32507

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01852

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Alfred Sievers

Mailing Address P.O. Box 99

City

Washington

State

MI

Zip Code

48094-0099

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01853

Amount of Each Receipt this Period

240.00

**SUBTOTAL** of Receipts This Page (optional) .....

30940.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 800 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard L. Sigmon

Mailing Address 1737 Queens Road

City

Charlotte

State

NC

Zip Code

28207-2507

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Charlotte Medical Clinic

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01854

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Norman Silverdale

Mailing Address 177 Camelot Arms  
Building U.

City

York

State

PA

Zip Code

17406-1868

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United States Navy

Occupation  
Ensign

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01855

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Frank B. Silvestro

Mailing Address 368 Pleasant View Drive

City

Lancaster

State

NY

Zip Code

14086-1316

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ecology & Environment Inc.

Occupation  
Businessman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01856

Amount of Each Receipt this Period

2200.00

**SUBTOTAL** of Receipts This Page (optional) .....

2920.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 801 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas F. Simcox

Mailing Address 57 Cresskill Ave.

City

Cresskill

State

NJ

Zip Code

07626-1440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	1

Transaction ID: 2011M02L11AI01857

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Frederick V. Simms

Mailing Address 1936 Royal Palm Way

City

Boca Raton

State

FL

Zip Code

33432-7444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	4	/	2	0	1	1

Transaction ID: 2011M02L11AI01858

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert L. Simms

Mailing Address 1 White Oak Drive

City

Colts Neck

State

NJ

Zip Code

07722-1476

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	1

Transaction ID: 2011M02L11AI01859

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 802 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stanley Simon

Mailing Address 7 Fair Oaks Park

City

Needham

State

MA

Zip Code

02492-3101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Real Estate Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01860

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Alice Simonson

Mailing Address P.O. Box 512

City

Watford City

State

ND

Zip Code

58854-0512

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01861

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Phyllis F. Simpkins

Mailing Address 23800 Amapolo Court #V-2

City

Cupertino

State

CA

Zip Code

95014-6501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01862

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 803 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Murray S. Simpson, Jr.

Mailing Address 5809 Devonshire Drive

City

Bethesda

State

MD

Zip Code

20816-3415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01863

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bert Sims

Mailing Address P.O. Box 2784

City

Tuscaloosa

State

AL

Zip Code

35403-2784

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Way, Ray, Shelton & Compa-  
ny, P.C.

Occupation  
C.P.A.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01864

Amount of Each Receipt this Period

222.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Emma J. Sims

Mailing Address 1003 Somerset Drive

City

Glen Burnie

State

MD

Zip Code

21061-4017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01865

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

2277.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 804 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Emma J. Sims

Mailing Address 1003 Somerset Drive

City

Glen Burnie

State

MD

Zip Code

21061-4017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01866

Amount of Each Receipt this Period

105.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Emma J. Sims

Mailing Address 1003 Somerset Drive

City

Glen Burnie

State

MD

Zip Code

21061-4017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01867

Amount of Each Receipt this Period

85.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lewis S. Singletary

Mailing Address 3319 Evergreen Drive

City

Lake Park

State

GA

Zip Code

31636-4601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01868

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

440.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 805 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Edward E. Singleton

Mailing Address 811 Carpenter Drive

City

Hollister

State

CA

Zip Code

95023-9385

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: 2011M02L11AI01869

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. R. G. Singleton

Mailing Address 7704 Beach Drive

City

Myrtle Beach

State

SC

Zip Code

29572-4332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: 2011M02L11AI01870

Amount of Each Receipt this Period

254.50

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael J. Slavin

Mailing Address 4416 Winfield Drive

City

Saginaw

State

MI

Zip Code

48603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	1	1

Transaction ID: 2011M02L11AI01871

Amount of Each Receipt this Period

270.00

SUBTOTAL of Receipts This Page (optional) .....

1524.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 806 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Patricia Sligo

Mailing Address 1235 Yale Place  
 Apartment 1302

City State Zip Code  
 Minneapolis MN 55403-1947

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Fish Creek Ventures

Occupation  
 Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01872

Amount of Each Receipt this Period

275.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lloyd R. Sloan

Mailing Address 7477 Jayhawk Street

City State Zip Code  
 Annandale VA 22003-5742

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
 Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI01873

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard P. Small

Mailing Address 1585 E. 22Nd Street

City State Zip Code  
 Tulsa OK 74114-1305

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Tristar Aerospace

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI01874

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1525.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 807 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard P. Small

Mailing Address 1585 E. 22Nd Street

City

Tulsa

State

OK

Zip Code

74114-1305

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tristar Aerospace

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01875

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Linda Smigel

Mailing Address 2103 Lands End Lane

City

Westlake

State

OH

Zip Code

44145-6801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01876

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Linda Smigel

Mailing Address 2103 Lands End Lane

City

Westlake

State

OH

Zip Code

44145-6801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01877

Amount of Each Receipt this Period

105.00

**SUBTOTAL** of Receipts This Page (optional) .....

1205.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 808 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Donald Mark Smith

Mailing Address 86 Ash Pole Road

City	State	Zip Code
Terra Alta	WV	26764

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. Army ReserveOccupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	1	1

Transaction ID: 2011M02L11AI01878

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Donna-Lynn Smith, U.S.A.F.(R)

Mailing Address 2 Cobblestone Lane

City	State	Zip Code
Mountain Top	PA	18707-1272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	1	1

Transaction ID: 2011M02L11AI01879

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Doris Smith

Mailing Address 10 Diablo Oaks Way

City	State	Zip Code
Lafayette	CA	94549-5117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HomemakerOccupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: 2011M02L11AI01880

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 809 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Earl W. Smith

Mailing Address 1588 Bolero Circle

City

Palm Springs

State

CA

Zip Code

92264-4845

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01881

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Everett Smith

Mailing Address 3222 E. Hampshire Avenue

City

Milwaukee

State

WI

Zip Code

53211

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01882

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Fred Smith, Jr.

Mailing Address P.O. Box 39

City

Tell City

State

IN

Zip Code

47586-0039

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01883

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

1325.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 810 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph Smith

Mailing Address 909 Wyndemere Drive

City

Boise

State

ID

Zip Code

83702-1366

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01884

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. L Keith Smith

Mailing Address 4810 NE 259th St

City

Ridgefield

State

WA

Zip Code

98642

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01885

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lloyd Smith

Mailing Address 1312 W. Grand Avenue

City

Port Washington

State

WI

Zip Code

53074-2042

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01886

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1020.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 811 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mark Smith

Mailing Address 415 S. 15Th Street

City

Muskogee

State

OK

Zip Code

74401-7110

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01887

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Martin Smith

Mailing Address 9885 Baker Lake Road

City

Minocqua

State

WI

Zip Code

54548-9128

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Veterinarian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01888

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Owen Smith

Mailing Address 1091 Shell Blvd.

City

Foster City

State

CA

Zip Code

94404-2949

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01889

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 812 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mrs. Priscilla W. Smith

Mailing Address 3370 Longer Road

City	State	Zip Code
Greensboro	GA	30642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: 2011M02L11AI01890

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Rankin M. Smith, Jr.

Mailing Address 5984 U.S. Highway 19 S.

City	State	Zip Code
Thomasville	GA	31757-1219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	1	1

Transaction ID: 2011M02L11AI01891

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Samuel M. Smith

Mailing Address 7821 Night Hawk Road

City	State	Zip Code
Chattanooga	TN	37421-7304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AceOccupation  
M.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	1	1

Transaction ID: 2011M02L11AI01892

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1300.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 813 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William A. Smith

Mailing Address 8614 Crescent Gate Lane

City State Zip Code  
**Houston TX 77024**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01893**

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Susan L. Snedden

Mailing Address 60058 Cinder Butte Road

City State Zip Code  
**Bend OR 97702**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 0 5 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01894**

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jack R. Sneed

Mailing Address 4311 N. Sunflower Avenue

City State Zip Code  
**Covina CA 91724-2326**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 7 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01895**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

**1720.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 814 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Doris K. Snell

Mailing Address 4008 Texas Street

City

Vernon

State

TX

Zip Code

76384-3254

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01896

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul H. Snider

Mailing Address 5150 Madison Avenue

City

Sacramento

State

CA

Zip Code

95841-9623

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Automobile Dealer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01897

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Karen P. Snow

Mailing Address 102 Boulder Ridge Drive

City

Hendersonville

State

NC

Zip Code

28792-6485

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01898

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 815 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ralph Kent Snow

Mailing Address 7138 S. Lafayette Way

City State Zip Code  
**Centennial** **CO** **80122**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Lockheed Martin

Occupation  
 Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

**01** / **24** / **2011**

**Transaction ID: 2011M02L11AI01899**

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ralph Kent Snow

Mailing Address 7138 S. Lafayette Way

City State Zip Code  
**Centennial** **CO** **80122**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Lockheed Martin

Occupation  
 Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

**01** / **31** / **2011**

**Transaction ID: 2011M02L11AI01900**

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dianne G Soderlund

Mailing Address 201 Park Place Cir.

City State Zip Code  
**Cresson** **TX** **76035-5853**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 N/A

Occupation  
 N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**01** / **19** / **2011**

**Transaction ID: 2011M02L11AI01901**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**460.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 816 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert A. Solberg

Mailing Address 5537 Fieldwood Drive

City

Houston

State

TX

Zip Code

77056-2719

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01902

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bahram Solhjoui

Mailing Address 9803 Canterbury Drive

City

Humble

State

TX

Zip Code

77338-2303

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Small Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01903

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert Sornberger

Mailing Address 605 W. Main Street

City

Robinson

State

IL

Zip Code

62454

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01904

Amount of Each Receipt this Period

205.00

**SUBTOTAL** of Receipts This Page (optional) .....

1005.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 817 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Virginia W. Sorrell

Mailing Address 3109 Boxwood Drive

City

Montgomery

State

AL

Zip Code

36111

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI01905

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Reed Sterling Spafford

Mailing Address 1238 W. Lions Head Drive

City

Washington

State

UT

Zip Code

84780-8425

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01906

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard J. Speer

Mailing Address 5886 Kerr Place

City

Fayetteville

State

NC

Zip Code

28314-1391

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Progress Energy Cardinas,  
Inc.

Occupation  
Nuclear Security Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01907

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

690.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 818 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Robert Speer

Mailing Address 1220 Lariat Circle

City State Zip Code  
 Dalhart TX 79022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01908

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Paul Speiller

Mailing Address 847 Coquina Way

City State Zip Code  
 Boca Raton FL 33432-3042

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Millennium Medical Center,  
Inc.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01909

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Richard Spellman

Mailing Address 2525 Winthrop Road

City State Zip Code  
 Lincoln NE 68502-4267

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01910

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

1070.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 819 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kirk E. Spitzer

Mailing Address 13296 Beckford Lane

City

Richmond

State

VA

Zip Code

23238-6444

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01911

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Linda L. Spolar

Mailing Address P.O. Box 369

City

Yacolt

State

WA

Zip Code

98675-0693

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01912

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey L. Sponseller

Mailing Address 7320 Loma Vista Road

City

Ventura

State

CA

Zip Code

93003-2534

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
M. & M. Management Co.,  
Inc.

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI01913

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3075.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 820 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Douglas A. Spragg

Mailing Address 7114 Spindle Pine Way

City

Sugar Land

State

TX

Zip Code

77479-2767

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ExxonMobil

Occupation

Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01914

Amount of Each Receipt this Period

330.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jack C. Sprague

Mailing Address 2701 Regency Oaks Blvd.  
Apartment N410

City

Clearwater

State

FL

Zip Code

33759

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01915

Amount of Each Receipt this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. E. Spruill

Mailing Address 11500 Iron Bridge Road

City

Chester

State

VA

Zip Code

23831-1449

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cu Wright

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01916

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2080.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 821 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stanley M. Srochi

Mailing Address 820 W. Paces Ferry Road N. W.

City State Zip Code  
**Atlanta GA 30327-2646**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Jeffco, Inc.

Occupation  
 Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

**01 / 31 / 2011**

Transaction ID: 2011M02L11AI01917

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Edward Srsic

Mailing Address 1531 Beach Street

City State Zip Code  
**San Francisco CA 94123**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Kizan International, Inc.

Occupation  
 President/C.O.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

**01 / 18 / 2011**

Transaction ID: 2011M02L11AI01918

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Margaret Weed St. John

Mailing Address 11 Oceano Place

City State Zip Code  
**Novato CA 94949-1745**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

**01 / 10 / 2011**

Transaction ID: 2011M02L11AI01919

Amount of Each Receipt this Period

415.00

**SUBTOTAL** of Receipts This Page (optional) .....

**1065.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 822 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Margaret Weed St. John

Mailing Address 11 Oceano Place

City

Novato

State

CA

Zip Code

94949-1745

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01920

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David K. Stadtherr

Mailing Address 245 Langen Road

City

Lancaster

State

MA

Zip Code

01523-2525

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01921

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael R. Stafford

Mailing Address P.O. Box 688

City

Spotsylvania

State

VA

Zip Code

22553-0688

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01922

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 823 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph Leroy Stager

Mailing Address 10907 Watermill Court

City State Zip Code  
**Oakton VA 22124**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Army

Occupation  
Logistics Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 0 6 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01923**

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Keith Stamler

Mailing Address 26811 Westvale Road

City State Zip Code  
**Palos Verdes Penin CA 90274-4049**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 0 6 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01924**

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jack K. Stamp

Mailing Address 606 Brookfield Street

City State Zip Code  
**Wichita KS 67206-1520**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
W.B. Carter Construction  
Company

Occupation  
Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 5 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01925**

Amount of Each Receipt this Period

245.00

**SUBTOTAL** of Receipts This Page (optional) .....

**1245.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 824 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Spencer Standish

Mailing Address 44 Turner Lane

City

Albany

State

NY

Zip Code

12211-1430

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01926

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Foye F. Staniford, Jr.

Mailing Address 12739 Aston Creek Drive #10

City

Tampa

State

FL

Zip Code

33626-3139

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01927

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Stanko

Mailing Address 800 Kietzke Lane

City

Reno

State

NV

Zip Code

89502-2016

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Auto Dealer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01928

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 825 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert J. Stanton

Mailing Address 2297 Valleyfield Avenue

City State Zip Code  
 Thousand Oaks CA 91360

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01929

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. B. Bond Starker

Mailing Address 7240 S.W. Philomath Blvd.  
 P.O. Box 809

City State Zip Code  
 Corvallis OR 97333-1015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Forester/Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01930

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. B. Bond Starker

Mailing Address 7240 S.W. Philomath Blvd.  
 P.O. Box 809

City State Zip Code  
 Corvallis OR 97333-1015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Forester/Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01931

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 826 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kim B. Staudt

Mailing Address 367 Oak Drive

City

Souderton

State

PA

Zip Code

18964-2051

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01932

Amount of Each Receipt this Period

235.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. E. S. Steensland

Mailing Address 2788 Rollo Road

City

Santa Rosa

State

CA

Zip Code

95404-9522

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01933

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Jean Stefano

Mailing Address 12700 N. First Street

City

Parker

State

CO

Zip Code

80134-3451

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01934

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

785.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 827 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert C. Steffen

Mailing Address 1030 Parkview Dr

City

Tallahassee

State

FL

Zip Code

32311-1246

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01935

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. J. P. Stein

Mailing Address 2975 Highway 22

City

Muscatine

State

IA

Zip Code

52761

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Veterinarian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01936

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey Steinkamp

Mailing Address P.O. Box 98

City

Rochester

State

VT

Zip Code

05767

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1430.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01937

Amount of Each Receipt this Period

1430.00

**SUBTOTAL** of Receipts This Page (optional) .....

2130.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 828 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Theodore J. Stell

Mailing Address 434 Racine Street

City

Aurora

State

CO

Zip Code

80011-8319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	4	/	2	0	1	1

Transaction ID: 2011M02L11AI01938

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Donald Stellato

Mailing Address 240 Donlea Rd

City

Barrington

State

IL

Zip Code

60010-4015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stellato and Schwartz, LtdOccupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	1	1

Transaction ID: 2011M02L11AI01939

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James J. Stenftenagel

Mailing Address 734 Crestwood Drive

City

Jasper

State

IN

Zip Code

47546-9374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	1

Transaction ID: 2011M02L11AI01940

Amount of Each Receipt this Period

205.00

SUBTOTAL of Receipts This Page (optional) .....

705.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 829 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Milford L. Stern

Mailing Address 8350 Wilshire Boulevard  
 Floor 1

City State Zip Code  
**Beverly Hills CA 90211-2324**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 M. L. Stern & Company, In-  
 c.

Occupation  
 Securities Dealer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 1 / 2 0 1 1**

Transaction ID: 2011M02L11AI01941

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Roger F. Stetson

Mailing Address 5760 Gallery Court

City State Zip Code  
**West Des Moines IA 50266**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 0 / 2 0 1 1**

Transaction ID: 2011M02L11AI01942

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Diane Steuber

Mailing Address 3679 Nordstrom Lane

City State Zip Code  
**Lafayette CA 94549-3027**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 4 / 2 0 1 1**

Transaction ID: 2011M02L11AI01943

Amount of Each Receipt this Period

245.00

**SUBTOTAL** of Receipts This Page (optional) .....

795.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 830 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert W. Stevens

Mailing Address 2311 S. 251st Street

City

Kent

State

WA

Zip Code

98032-5413

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Roman Casino

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01944

Amount of Each Receipt this Period

330.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Evan Stevenson

Mailing Address 595 E. 1150 N.

City

Logan

State

UT

Zip Code

84341-2425

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01945

Amount of Each Receipt this Period

450.00

**C.**

Full Name (Last, First, Middle Initial)

Lt. Raymond Steventon, U.S.N. (Re

Mailing Address 400 N. Morris Street  
Apartment 116-2

City

Stoughton

State

WI

Zip Code

53589

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01946

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1780.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 831 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Terry J. Stevinson

Mailing Address 14744 W. 32nd Drive

City

Golden

State

CO

Zip Code

80401-1417

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Stevinson Group, Inc.

Occupation

Corporate Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01947

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James D. Steward

Mailing Address 16560 Pettigrew Pl

City

Monument

State

CO

Zip Code

80132-2216

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01948

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Danny Stewart

Mailing Address P.O. Box 26

City

Sterling City

State

TX

Zip Code

76951

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: 2011M02L11AI01949

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

5495.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 832 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Danny Stewart

Mailing Address P.O. Box 26

City

Sterling City

State

TX

Zip Code

76951

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01950

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William Stewart

Mailing Address 2934 Craft Road

City

Bridgeville

State

DE

Zip Code

19933-3237

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI01951

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Derek S. Stimel

Mailing Address 4715 Springwood Way

City

Concord

State

CA

Zip Code

94521-2000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Menlo College

Occupation  
Assistant Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01952

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 833 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gary Stoddard

Mailing Address 45405 San Antonio Valley Road

City State Zip Code  
**Livermore CA 94550**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

**01 / 13 / 2011**

**Transaction ID: 2011M02L11AI01953**

Amount of Each Receipt this Period

270.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Curtis A. Stone

Mailing Address 1354 Monterey Avenue

City State Zip Code  
**Norfolk VA 23508-1711**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Virtexco Corporation

Occupation  
Quality Control Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

**01 / 04 / 2011**

**Transaction ID: 2011M02L11AI01954**

Amount of Each Receipt this Period

222.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Edward L. Stone

Mailing Address 6406 Dunnivant Place

City State Zip Code  
**Huntsville AL 35806-2810**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mantech Srs Technologies

Occupation  
Business Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

**01 / 18 / 2011**

**Transaction ID: 2011M02L11AI01955**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

**792.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 834 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Wayne H. Stoppelmoor

Mailing Address 1305 33Rd Avenue Circle

City  
**Silvis**

State  
**IL**

Zip Code  
**61282-6001**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 0 / 2 0 1 1**

Transaction ID: 2011M02L11AI01956

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Storey

Mailing Address 14801 W 8 Mile Rd

City  
**Detroit**

State  
**MI**

Zip Code  
**48235-1623**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 MCA Detroit

Occupation  
 Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 1 / 2 0 1 1**

Transaction ID: 2011M02L11AI01957

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Earl Stover

Mailing Address 3209 Grenada Way

City  
**Tampa**

State  
**FL**

Zip Code  
**33618**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Requested

Occupation  
 Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 0 3 / 2 0 1 1**

Transaction ID: 2011M02L11AI01958

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

860.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 835 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Earl Stover

Mailing Address 3209 Grenada Way

City State Zip Code  
**Tampa FL 33618**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**01 / 19 / 2011**

**Transaction ID: 2011M02L11AI01959**

Amount of Each Receipt this Period

**100.00**

**B.**

Full Name (Last, First, Middle Initial)

Ms. Mary Elizabeth Stratton

Mailing Address 1550 S.W. Stratford Road

City State Zip Code  
**Topeka KS 66604**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**01 / 25 / 2011**

**Transaction ID: 2011M02L11AI01960**

Amount of Each Receipt this Period

**1000.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. Seth D. Strickland

Mailing Address 14 Stanwich Lane

City State Zip Code  
**Greenwich CT 06830-4839**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sierra Global Management  
L.L.C.

Occupation  
Investment Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**01 / 21 / 2011**

**Transaction ID: 2011M02L11AI01961**

Amount of Each Receipt this Period

**500.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**1600.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 836 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Dr. Cedric Strong

Mailing Address 1177 Queen Street #1104

City	State	Zip Code
Honolulu	HI	96814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cedric StrongOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	1

Transaction ID: 2011M02L11AI01962

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Dalton Stroop

Mailing Address 2892 Sulphur Springs Road

City	State	Zip Code
Murfreesboro	TN	37129-5853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	1	1

Transaction ID: 2011M02L11AI01963

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John H. Stroup

Mailing Address 413 Huntly Road

City	State	Zip Code
Las Vegas	NV	89145-5159

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	1	1

Transaction ID: 2011M02L11AI01964

Amount of Each Receipt this Period

1100.00

SUBTOTAL of Receipts This Page (optional) .....

2350.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 837 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jesse P. Stutts, III

Mailing Address 2922 Tantallon Drive S.E.

City

Owens Cross Roads

State

AL

Zip Code

35763-5306

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Electrical Contractor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01965

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Amy Styczynski

Mailing Address 6239 Northwood Road

City

Dallas

State

TX

Zip Code

75225-2822

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bear Stearns

Occupation

Investment Consultant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01966

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Eugene Sukup

Mailing Address 1379 Beeds Lake Drive

City

Hampton

State

IA

Zip Code

50441-7437

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sukey Manufacturing Compa-  
ny

Occupation

Board Chair

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01967

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 838 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Fridolin Sulser

Mailing Address 4621 Tara Drive

City

Nashville

State

TN

Zip Code

37215-4207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI01968

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Leroy Summers

Mailing Address 80 25Th Street W.

City

Billings

State

MT

Zip Code

59102-4662

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Summers Mc Nea & Company,  
P.C.

Occupation  
Certified Public Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI01969

Amount of Each Receipt this Period

240.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Jacki Summerson

Mailing Address 6720 S.W. Dancaster Road

City

Topeka

State

KS

Zip Code

66610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Topeka Services Inc.

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01970

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

840.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 839 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Philip A. Swan

Mailing Address 1586 Oak Grove Avenue

City

San Marino

State

CA

Zip Code

91108-1108

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Capital Guardian Manageme-  
nt

Occupation

Investment Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI01971

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Arthur M Swanson

Mailing Address 1425 Burningtree Road

City

Charleston

State

SC

Zip Code

29412-2602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bank Of Charleston

Occupation

Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01972

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dwight H. Swanson

Mailing Address 13731 Hickman Road #3201

City

Urbandale

State

IA

Zip Code

50323-2197

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01973

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 840 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. H. Kent Swanson

Mailing Address 28 Parrish Hill Drive

City

Nashua

State

NH

Zip Code

03063-2717

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Raytheon

Occupation

Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01974

Amount of Each Receipt this Period

280.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Frank Sweeney

Mailing Address 526 4th Ave E

City

Bradenton

State

FL

Zip Code

34208-1124

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Gulf Coast Window Cleaning

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01975

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert A. Swenson

Mailing Address 218 Brakefield Drive

City

Janesville

State

WI

Zip Code

53546-2241

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Air Products

Occupation

Chemist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01976

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

780.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 841 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert L. Swenson

Mailing Address 1683 Chieftan Circle

City

Oxford

State

MI

Zip Code

48371-6600

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Global Titanium Inc

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI01977

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Bobby Swilley

Mailing Address P.O. Box 35070

City

Fayetteville

State

NC

Zip Code

28303-0070

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Carolina Specialties

Occupation  
Ceo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI01978

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Javad M. Tabaei

Mailing Address 33 Creemer Road

City

Armonk

State

NY

Zip Code

10504-2405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Queens Long Island Medical  
Group

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01979

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

1070.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 842 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

The Hon. Ralph Taite

Mailing Address 1555 Waterside Court

City

Dallas

State

TX

Zip Code

75218-4488

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: 2011M02L11AI01980

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas T. Tamura

Mailing Address 15321 W. Piccadilly Road

City

Goodyear

State

AZ

Zip Code

85395-8796

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	1	1

Transaction ID: 2011M02L11AI01981

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Huxin Tang

Mailing Address 3240 Daniel Ave #202

City

Dallas

State

TX

Zip Code

75205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NonOccupation  
Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	1	1

Transaction ID: 2011M02L11AI01982

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

525.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 843 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Huxin Tang

Mailing Address 3240 Daniel Ave #202

City State Zip Code  
 Dallas TX 75205

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Non

Occupation  
Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01983

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Huxin Tang

Mailing Address 3240 Daniel Ave #202

City State Zip Code  
 Dallas TX 75205

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Non

Occupation  
Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01984

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Huxin Tang

Mailing Address 3240 Daniel Ave #202

City State Zip Code  
 Dallas TX 75205

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Non

Occupation  
Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI01985

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 844 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Martin F. Tanner

Mailing Address 514 8Th Ave.

City

Parkersburg

State

WV

Zip Code

26101-5926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: 2011M02L11AI01986

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Anthony G. Tappin

Mailing Address 6124 N. Golden Eagle Drive

City

Tucson

State

AZ

Zip Code

85750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	1	/	2	0	1	1

Transaction ID: 2011M02L11AI01987

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Anthony G. Tappin

Mailing Address 6124 N. Golden Eagle Drive

City

Tucson

State

AZ

Zip Code

85750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	1	1

Transaction ID: 2011M02L11AI01988

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

550.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 845 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Anthony G. Tappin

Mailing Address 6124 N. Golden Eagle Drive

City State Zip Code  
**Tucson AZ 85750**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 3 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01989**

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Trent Tarvestad

Mailing Address 414 Lafayette Road

City State Zip Code  
**Devils Lake ND 58301-8958**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Ramsey National Bank  
and Trust Com

Occupation  
Community Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 0 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01990**

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Steve Tarvin

Mailing Address P.O. Box 365

City State Zip Code  
**Chickamauga GA 30707**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Crystal Springs Print Wor-  
ks, Inc

Occupation  
Textile Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 0 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01991**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

**1320.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 846 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stanley G. Tate

Mailing Address 1175 N.E. 125Th Street  
Suite 102

City State Zip Code  
North Miami FL 33161-5009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Real Estate Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI01992

Amount of Each Receipt this Period

30400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Victor B. Tate, II

Mailing Address 4446 Bannock Drive

City State Zip Code  
Bozeman MT 59715-9303

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI01993

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David W. Tauber

Mailing Address P.O. Box 4645

City State Zip Code  
Houston TX 77210-4645

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tauber Oil Company

Occupation  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI01994

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

31800.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 847 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Raymond L. Taylor

Mailing Address 2902 N.W. 160Th Street

City

Edmond

State

OK

Zip Code

73013-1464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chesapeake Energy Corpora-  
tion

Occupation

Petroleum Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	1	1

Transaction ID: 2011M02L11AI01995

Amount of Each Receipt this Period

380.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ryan J. Taylor

Mailing Address 3327 S. Alpine Avenue

City

Sioux Falls

State

SD

Zip Code

57110-6015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cutler & Donahoe, L.L.P.

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	1

Transaction ID: 2011M02L11AI01996

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Peter B. Teets

Mailing Address 9730 Highland Glen Place

City

Colorado Springs

State

CO

Zip Code

80920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	1

Transaction ID: 2011M02L11AI01997

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2380.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 848 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Esthermae Tekamp

Mailing Address 5790 Denlinger Rdapt 375

City State Zip Code  
**Dayton OH 45426**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 0 7 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01998**

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Lewis Telle

Mailing Address 100 Victoria Park Drive

City State Zip Code  
**Shelby NC 28150-6219**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI01999**

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Sharlene Tenaglia

Mailing Address 4925 Boonsboro Rd Ste 203

City State Zip Code  
**Lynchburg VA 24503-4503**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 4 / 2 0 1 1**

**Transaction ID: 2011M02L11AI02000**

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

**3200.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 849 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jeffery B. Terranova

Mailing Address P.O. Box 1480

City

Mesilla

State

NM

Zip Code

88046-1480

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI02001

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Lucille M. Tersigni

Mailing Address 1718 Peregrino Way

City

San Jose

State

CA

Zip Code

95125-4536

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Joseph School of Cape-  
rino

Occupation  
8th Grade Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI02002

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. R. D. Teubner

Mailing Address 2738 East 51st Street  
Suite 400

City

Tulsa

State

OK

Zip Code

74105-6227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI02003

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 850 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Howard J. Thelin

Mailing Address 632 Robin Glen Drive

City

Glendale

State

CA

Zip Code

91202-1140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: 2011M02L11AI02004

Amount of Each Receipt this Period

240.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Theodore J. Theodore

Mailing Address 2454 East Dempster Street  
Room 202

City

Des Plaines

State

IL

Zip Code

60016-5318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	1	1

Transaction ID: 2011M02L11AI02005

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Lang Thi Vu

Mailing Address 899 S. Cleveland Avenue S.  
Apartment 508

City

Saint Paul

State

MN

Zip Code

55116-8237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: 2011M02L11AI02006

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1240.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 851 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Lang Thi Vu

Mailing Address 899 S. Cleveland Avenue S.  
 Apartment 508

City State Zip Code  
 Saint Paul MN 55116-8237

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI02007

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert Thom

Mailing Address 224 Kavenish Drive West

City State Zip Code  
 Rancho Mirage CA 92270-3257

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 5 / 2 0 1 1

Transaction ID: 2011M02L11AI02008

Amount of Each Receipt this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mark Thoman

Mailing Address 100 Ridgewood Avenue

City State Zip Code  
 Glen Ridge NJ 07028-1016

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02009

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

1950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 852 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Lt. Col. Alan B. Thomas, U.S.A.F. (

Mailing Address 1798 W. Placita De O' Campo

City State Zip Code  
**Tucson AZ 85704-1079**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 1 / 2 0 1 1**

**Transaction ID: 2011M02L11AI02010**

Amount of Each Receipt this Period

550.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Beth Thomas

Mailing Address 2775 N. Quincy Street

City State Zip Code  
**Arlington VA 22207-5055**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Cemeterian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 0 / 2 0 1 1**

**Transaction ID: 2011M02L11AI02011**

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert E. Thomas

Mailing Address P.O. Box 4679

City State Zip Code  
**Tulsa OK 74159-0679**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 8 / 2 0 1 1**

**Transaction ID: 2011M02L11AI02012**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 853 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert W. Thomas

Mailing Address 494 W 10th Ave Apt 313

City

Eugene

State

OR

Zip Code

97401-8345

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI02013

Amount of Each Receipt this Period

165.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert W. Thomas

Mailing Address 494 W 10th Ave Apt 313

City

Eugene

State

OR

Zip Code

97401-8345

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI02014

Amount of Each Receipt this Period

130.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Thomas L. Thomas

Mailing Address 23092 Shady Knoll Drive

City

Bonita Springs

State

FL

Zip Code

34135

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI02015

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1295.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 854 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Wendy S. Thomas

Mailing Address 3731 E. Halifax Circle

City State Zip Code  
**Mesa AZ 85205-3916**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 8 / 2 0 1 1**

**Transaction ID: 2011M02L11AI02016**

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Elisabeth P. Thompson

Mailing Address 2525 Jamestown Lane

City State Zip Code  
**Montgomery AL 36111-1207**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 4 / 2 0 1 1**

**Transaction ID: 2011M02L11AI02017**

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jerome H. Thompson

Mailing Address 7161 Indiana Avenue

City State Zip Code  
**Riverside CA 92504-4555**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Real Estate Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 0 4 / 2 0 1 1**

**Transaction ID: 2011M02L11AI02018**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**850.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 855 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Jimmy Thompson

Mailing Address P.O. Box 1227

City  
CluteState  
TXZip Code  
77531-1227FEC ID number of contributing  
federal political committee.**C**Name of Employer  
CapeOccupation  
Site Superintendent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	4	/	2	0	1	1

Transaction ID: 2011M02L11AI02019

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Margie M. Thompson

Mailing Address 27 Falls Terrace

City

Fair Oaks Ranch

State

TX

Zip Code  
78015-4482FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: 2011M02L11AI02020

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Rick Thompson

Mailing Address 27 Falls Terrace

City

Fair Oaks Ranch

State

TX

Zip Code  
78015-4482FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	1	1

Transaction ID: 2011M02L11AI02021

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional) .....

1900.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 856 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Tracy B. Thompson

Mailing Address 7708 Night Hawk Road

City

Chattanooga

State

TN

Zip Code

37421

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI02022

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bunrith Thong

Mailing Address 518 N. Madison Street

City

Arlington

State

VA

Zip Code

22203-1037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Taxi Driver

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI02023

Amount of Each Receipt this Period

210.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Verne E. Thornburg

Mailing Address 2831 N. Walnut Road

City

Turlock

State

CA

Zip Code

95382-9540

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI02024

Amount of Each Receipt this Period

210.00

**SUBTOTAL** of Receipts This Page (optional) .....

640.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 857 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Terrence A. Tobias

Mailing Address 490 Ridge Road

City

Chadds Ford

State

PA

Zip Code

19317

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02025

Amount of Each Receipt this Period

700.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Myles Toliver

Mailing Address 5065 Old Post Road

City

Ogden

State

UT

Zip Code

84403-4340

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Model Linen, Inc.

Occupation  
Businessman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI02026

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jon R. Tollefson

Mailing Address 25349 615Th Street

City

Mantorville

State

MN

Zip Code

55955

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI02027

Amount of Each Receipt this Period

1100.00

**SUBTOTAL** of Receipts This Page (optional) .....

2075.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 858 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. S. M. Torabian

Mailing Address 3659 Golden Leaf Drive

City

**Westlake Village**

State

**CA**

Zip Code

**91361-3914**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

**Real Estate Investor**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**01 / 07 / 2011**

**Transaction ID: 2011M02L11AI02028**

Amount of Each Receipt this Period

**250.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. William A. Torrey

Mailing Address 2740 Clubhouse Pointe

City

**West Palm Beach**

State

**FL**

Zip Code

**33409-2018**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

**Retired**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**01 / 04 / 2011**

**Transaction ID: 2011M02L11AI02029**

Amount of Each Receipt this Period

**250.00**

**C.**

Full Name (Last, First, Middle Initial)

Ms. Leslie M. Torstenson

Mailing Address 630 Bluebill Circle

City

**Shakopee**

State

**MN**

Zip Code

**55379-8230**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

**Retired**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**01 / 11 / 2011**

**Transaction ID: 2011M02L11AI02030**

Amount of Each Receipt this Period

**300.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**800.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 859 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jesus M. Tovar

Mailing Address 2261 East 27Th Way

City

Yuma

State

AZ

Zip Code

85365-3280

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
T. & P. Farms, Inc.

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI02031

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Mary H. Trammell

Mailing Address 1431 U.S. Highway 67

City

Stephenville

State

TX

Zip Code

76401-8408

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: 2011M02L11AI02032

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joe Louis Trapolino, Jr.

Mailing Address P.O. Box 697

City

Houston

State

TX

Zip Code

77001-0697

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI02033

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional) .....

895.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 860 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bourke Trask

Mailing Address 86 Dole Hill Road

City

Holden

State

ME

Zip Code

04429-7552

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI02034

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bourke Trask

Mailing Address 86 Dole Hill Road

City

Holden

State

ME

Zip Code

04429-7552

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI02035

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. George Trees, Jr.

Mailing Address 29120 Teramo Way

City

Naples

State

FL

Zip Code

34110

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI02036

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

710.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 861 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Vinicio Tresin

Mailing Address 417 Forest Lane

City

Schaumburg

State

IL

Zip Code

60193-1562

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Crown Polymers, L.L.C.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

Transaction ID: 2011M02L11AI02037

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Wayne Trehwitt, III

Mailing Address 8 Oakhill Drive

City

Woodside

State

CA

Zip Code

94062-4253

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wastech, Inc.

Occupation  
Businessman/Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI02038

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. George Tricou, Jr.

Mailing Address 18546 S. Mission Hills Avenue

City

Baton Rouge

State

LA

Zip Code

70810

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI02039

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 862 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Dennis Troesh

Mailing Address 11 Olympia Hills Circle

City

Las Vegas

State

NV

Zip Code

89141

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI02040

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Theodore Tsaltas

Mailing Address 11045 Farragut Hills Blvd.

City

Knoxville

State

TN

Zip Code

37934-4068

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI02041

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Marie Tschumy-Winn

Mailing Address 7 Crownwood Court

City

Dallas

State

TX

Zip Code

75225

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02042

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1020.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 863 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Brian E. Tucker

Mailing Address 14664 Greenridge Lane

City

Burnsville

State

MN

Zip Code

55306-6919

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
North Central Instruments,  
Inc.

Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI02043

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Roy Tucker

Mailing Address 16 Yown Rd

City

Greenville

State

SC

Zip Code

29611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI02044

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William K. Tucker

Mailing Address P.O. Box 219

City

Los Lunas

State

NM

Zip Code

87031-0219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI02045

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 864 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. William K. Tucker

Mailing Address P.O. Box 219

City

Los Lunas

State

NM

Zip Code

87031-0219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02046

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Everett Tufts

Mailing Address P.O. Box 265

City

West Bridgewater

State

MA

Zip Code

02379-0265

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI02047

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Tugwell

Mailing Address 4 Watson Mill Lane

City

Newton

State

PA

Zip Code

18940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI02048

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

970.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 865 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert Turissini

Mailing Address 13451 State Route 54

City

Hammondsport

State

NY

Zip Code

14840-9358

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI02049

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Turissini

Mailing Address 13451 State Route 54

City

Hammondsport

State

NY

Zip Code

14840-9358

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02050

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Arthur S. Turner

Mailing Address P.O. Box 543

City

Carlisle

State

MA

Zip Code

01741-0543

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI02051

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 866 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John T. Turner

Mailing Address 7936 Escala Drive

City

Austin

State

TX

Zip Code

78735-1548

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI02052

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul M. Turner, Jr.

Mailing Address 251 Andrew Lane

City

Canton

State

NC

Zip Code

28716-5823

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Public Health Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI02053

Amount of Each Receipt this Period

245.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Retha J. Turner

Mailing Address 7936 Escala Drive

City

Austin

State

TX

Zip Code

78735-1548

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02054

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

745.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 867 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Ruth S. Tuttle

Mailing Address 2199 Pebble Beach Drive

City

Spring Hill

State

FL

Zip Code

34606-3627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	1

Transaction ID: 2011M02L11AI02055

Amount of Each Receipt this Period

115.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Ruth S. Tuttle

Mailing Address 2199 Pebble Beach Drive

City

Spring Hill

State

FL

Zip Code

34606-3627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	1	1

Transaction ID: 2011M02L11AI02056

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John C. Tweed

Mailing Address 121 N. Post Oak Lane  
Apartment 704

City

Houston

State

TX

Zip Code

77024-7711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kinder Morgan Energy Part-  
nersOccupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: 2011M02L11AI02057

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

715.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 868 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Edward Twining

Mailing Address 2883 E. Spring Street  
Suite 300

City State Zip Code  
Long Beach CA 90806

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Twining Inc.

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

**Transaction ID:** 2011M02L11AI02058

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Steven J. Tyrholm

Mailing Address P.O. Box 2810  
Tyrholm Big R. Inc.

City State Zip Code  
White City OR 97503-0810

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tyrholm Big R. Inc.

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

**Transaction ID:** 2011M02L11AI02059

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Harold Uhrman

Mailing Address 3100 Hamilton Avenue

City State Zip Code  
Cleveland OH 44114-3701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
State Industrial Products

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

**Transaction ID:** 2011M02L11AI02060

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

970.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 869 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Martin W. Uitvlugt

Mailing Address 178 Fuller Road

City

Battle Creek

State

MI

Zip Code

49015-7906

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: 2011M02L11AI02061

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert D. Ungerecht

Mailing Address 422 Cumberland Road

City

Tyler

State

TX

Zip Code

75703-9322

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tec Engineering, Inc

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02062

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Vaillancourt

Mailing Address 58 Quail Hollow Drive

City

Southington

State

CT

Zip Code

06489

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI02063

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 870 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Penny E. Valentine

Mailing Address 15 Kress Farm Road

City

Hingham

State

MA

Zip Code

02043-2911

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02064

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert R. Vallee

Mailing Address 623 Stolp Avenue

City

Syracuse

State

NY

Zip Code

13207-1227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI02065

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert R. Vallee

Mailing Address 623 Stolp Avenue

City

Syracuse

State

NY

Zip Code

13207-1227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI02066

Amount of Each Receipt this Period

550.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 871 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert R. Vallee

Mailing Address 623 Stolp Avenue

City

Syracuse

State

NY

Zip Code

13207-1227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: 2011M02L11AI02067

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jay Van Dahm, Jr.

Mailing Address 4834 W. 97Th Place

City

Oak Lawn

State

IL

Zip Code

60453-3017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	1	1

Transaction ID: 2011M02L11AI02068

Amount of Each Receipt this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Drexel W. Van Every

Mailing Address 2700 W. 54Th Street

City

Minneapolis

State

MN

Zip Code

55410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: 2011M02L11AI02069

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

1700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 872 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Drexel W. Van Every

Mailing Address 2700 W. 54Th Street

City

Minneapolis

State

MN

Zip Code

55410

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI02070

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gary Van Gundy

Mailing Address 618 Greenmount Blvd.

City

Dayton

State

OH

Zip Code

45419

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
D.R.T. Manufacturing Comp-  
any

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02071

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard Van Houten

Mailing Address 13 Elm Street

City

Allendale

State

NJ

Zip Code

07401-1508

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: 2011M02L11AI02072

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

725.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 873 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Richard Van Houten

Mailing Address 13 Elm Street

City State Zip Code  
 Allendale NJ 07401-1508

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 3 / 2 0 1 1

Transaction ID: 2011M02L11AI02073

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Richard Van Houten

Mailing Address 13 Elm Street

City State Zip Code  
 Allendale NJ 07401-1508

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02074

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. John J. Van-Havel

Mailing Address 120 E. Locust Street

City State Zip Code  
 Morenci MI 49256

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI02075

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

385.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 874 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John J. Van-Havel

Mailing Address 120 E. Locust Street

City

Morenci

State

MI

Zip Code

49256

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02076

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stephen P. Vance

Mailing Address 24719 Thorton Knolls Drive

City

Spring

State

TX

Zip Code

77389

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI02077

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Don Vandervelde

Mailing Address 5409 Huntwick Dr NW

City

Gig Harbor

State

WA

Zip Code

98335

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI02078

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

570.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 875 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles A. Vanhorne

Mailing Address P.O. Box 187

City

Auburn

State

IN

Zip Code

46706-0187

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Real Estate Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI02079

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Roger L. Varblow

Mailing Address 7636 Beebalm Court

City

Dexter

State

MI

Zip Code

48130-9336

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Advantage Computing Systems, I

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI02080

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joe Vardell

Mailing Address 4040 Red Bluff Road

City

Pasadena

State

TX

Zip Code

77503

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
J.V. Industrial Companies

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI02081

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1720.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 876 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Lyudmila Varshavsky

Mailing Address 9 Fieldmere Avenue

City

Glen Rock

State

NJ

Zip Code

07452-3645

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Citi Bank

Occupation

Computer Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI02082

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Herbert W. Vaughan

Mailing Address 10 Longwood Drive  
Apartment 464

City

Westwood

State

MA

Zip Code

02090-1146

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI02083

Amount of Each Receipt this Period

245.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Stefanie Vaught

Mailing Address 2448 Baronsmede Court

City

Winter Garden

State

FL

Zip Code

34787

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Prism One

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI02084

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

820.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 877 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Linda Vega

Mailing Address 2605 California Street

City

San Francisco

State

CA

Zip Code

94115-2617

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI02085

Amount of Each Receipt this Period

360.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Julian Venable

Mailing Address 1228 Venable Road

City

Hope Hull

State

AL

Zip Code

36043-5548

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI02086

Amount of Each Receipt this Period

285.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James Verme

Mailing Address 12700 N. Commons Way

City

Potomac

State

MD

Zip Code

20854-2348

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI02087

Amount of Each Receipt this Period

230.00

**SUBTOTAL** of Receipts This Page (optional) .....

875.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 878 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. James E. Vermillion

Mailing Address 2353 West Farm Road 182

City

Springfield

State

MO

Zip Code

65810-2268

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Commercial Metals Company

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI02088

Amount of Each Receipt this Period

210.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William A. Viall

Mailing Address 133 Prospect Street

City

Providence

State

RI

Zip Code

02906-1437

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI02089

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William A. Viall

Mailing Address 133 Prospect Street

City

Providence

State

RI

Zip Code

02906-1437

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI02090

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 879 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. William A. Viall

Mailing Address 133 Prospect Street

City

Providence

State

RI

Zip Code

02906-1437

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI02091

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Kelly Victory

Mailing Address 43650 Diamondback Way

City

Steamboat Springs

State

CO

Zip Code

80487

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI02092

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Thelma J. Villers

Mailing Address 538 Estero Blvd.  
Apartment 803

City

Fort Myers Beach

State

FL

Zip Code

33931

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: 2011M02L11AI02093

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

5210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 880 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Thelma J. Villers

Mailing Address **538 Estero Blvd.**  
**Apartment 803**

City State Zip Code  
**Fort Myers Beach FL 33931**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**210.00**

Date of Receipt

**01 / 18 / 2011**

**Transaction ID: 2011M02L11AI02094**

Amount of Each Receipt this Period

**100.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Virciglio

Mailing Address **1609 Pleasant Drive**

City State Zip Code  
**Cherry Hill NJ 08003-3529**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**220.00**

Date of Receipt

**01 / 24 / 2011**

**Transaction ID: 2011M02L11AI02095**

Amount of Each Receipt this Period

**220.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. Perry J. Viscounty

Mailing Address **1722 Skyhill Way**

City State Zip Code  
**Santa Ana CA 92705-2585**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Latham & Watkins

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**01 / 12 / 2011**

**Transaction ID: 2011M02L11AI02096**

Amount of Each Receipt this Period

**250.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**570.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 881 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael K. Vlock

Mailing Address 235 Thimble Island Drive

City

Branford

State

CT

Zip Code

06405-5726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Crittall Windows, Ltd.Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	4	/	2	0	1	1

Transaction ID: 2011M02L11AI02097

Amount of Each Receipt this Period

30400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Wilfried Von Bulow

Mailing Address 1925 Gough Street

City

San Francisco

State

CA

Zip Code

94109-3416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ferrostaal, Inc.Occupation  
Vice Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: 2011M02L11AI02098

Amount of Each Receipt this Period

505.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Joyce Waddle

Mailing Address 1761 Hickory Gate Drive N.

City

Dunedin

State

FL

Zip Code

34698-2411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HomemakerOccupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: 2011M02L11AI02099

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional) .....

31125.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 882 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Harvey K. Wadman

Mailing Address 1740 Terrace Drive

City

Vestal

State

NY

Zip Code

13850-3345

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI02100

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Harvey K. Wadman

Mailing Address 1740 Terrace Drive

City

Vestal

State

NY

Zip Code

13850-3345

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI02101

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. George P. Wagner, Jr.

Mailing Address 3700 Fort Charles Drive

City

Naples

State

FL

Zip Code

34102-7935

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sovran Management Company,  
L.L.C.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02102

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 883 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Marlies Wagner

Mailing Address 2606 Waverly Court

City

Chico

State

CA

Zip Code

95973-7254

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI02103

Amount of Each Receipt this Period

255.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert M. Wagner

Mailing Address 3322 Highland Meadow Drive

City

Farmers Branch

State

TX

Zip Code

75234-2258

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02104

Amount of Each Receipt this Period

235.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Susan S. Wagstaff

Mailing Address 9933 Holt Road

City

Carmel

State

CA

Zip Code

93923-8587

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI02105

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

710.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 884 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Merle Wait

Mailing Address P.O. Box 545

City State Zip Code  
**Protection KS 67127**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self - Employed

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 5 / 2 0 1 1**

**Transaction ID: 2011M02L11AI02106**

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Connie J. Waite

Mailing Address 2879 Wickliffe Woods Court

City State Zip Code  
**Columbus OH 43221-1700**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 0 4 / 2 0 1 1**

**Transaction ID: 2011M02L11AI02107**

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Connie J. Waite

Mailing Address 2879 Wickliffe Woods Court

City State Zip Code  
**Columbus OH 43221-1700**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 0 / 2 0 1 1**

**Transaction ID: 2011M02L11AI02108**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**800.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 885 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. David S. Walker

Mailing Address 1410 Connell Road

City

Charleston

State

WV

Zip Code

25314-1924

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI02109

Amount of Each Receipt this Period

1100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Glenn A. Walker

Mailing Address 588 Silver Lake Road

City

Oak Harbor

State

WA

Zip Code

98277-9153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02110

Amount of Each Receipt this Period

360.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jerry C. Walker

Mailing Address P.O. Box 1810

City

Aztec

State

NM

Zip Code

87410-4810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ind. Community Bankers As-  
sociation Of

Occupation  
President/C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI02111

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

1680.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 886 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Leonad J Walker, Sr.

Mailing Address 75 Mt Pleasant Rd

City

Newtown

State

CT

Zip Code

06470-1545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Csc

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02112

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Ruth E. Walker

Mailing Address 301 Wabash Avenue

City

Mattoon

State

IL

Zip Code

61938-4417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI02113

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Bernadette Wallace

Mailing Address 3135 Johnson Ave Apt 4J

City

Bronx

State

NY

Zip Code

10463-3520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI02114

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 887 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John S. Wallace

Mailing Address 9881 Carroll Centre Road

City

San Diego

State

CA

Zip Code

92126-4554

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
J.W. Floor Covering

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI02115

Amount of Each Receipt this Period

335.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Cathleen Walsh

Mailing Address P.O. Box 2517

City

Olympic Valley

State

CA

Zip Code

96146

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI02116

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Jean Walsh

Mailing Address P. O. Box 2893

City

Ridgeland

State

MS

Zip Code

39158-2893

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02117

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

835.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 888 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Harold W. Walters

Mailing Address 800 Hen Coop Road

City

Anderson

State

SC

Zip Code

29621-6224

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Asaville Baptist Church

Occupation  
Minister

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI02118

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. J. Richard Walton

Mailing Address 4233 Harpers Ferry Road

City

Birmingham

State

AL

Zip Code

35213-2205

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI02119

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Marianne Nerio Wanglin

Mailing Address 280 Conway Avenue

City

Los Angeles

State

CA

Zip Code

90024-2602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI02120

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 889 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John H. Ware, IV

Mailing Address 209 Delaware Avenue  
P.O. Box 341

City State Zip Code  
Oxford PA 19363-0341

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI02121

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Warkentin

Mailing Address 6521 Cordoba Road #2

City State Zip Code  
Goleta CA 93117-4867

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kamap Property Management

Occupation  
Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI02122

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Donald H. Warner

Mailing Address 19 Cortland Lane

City State Zip Code  
Lynnfield MA 01940-1629

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI02123

Amount of Each Receipt this Period

555.00

**SUBTOTAL** of Receipts This Page (optional) .....

2555.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 890 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Warner

Mailing Address 2017 Sunset Hills Terrace

City

Nashville

State

TN

Zip Code

37215-4709

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI02124

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard B. Warner

Mailing Address 3N618 Trotter Lane

City

St. Charles

State

IL

Zip Code

60175

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI02125

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Arda Warnock

Mailing Address 12236 Brompton Road

City

Carmel

State

IN

Zip Code

46033

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI02126

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 891 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. J D Warren

Mailing Address 14241 E. Rio Verde Dr

City State Zip Code  
**Scottsdale AZ 85262**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ret.

Occupation  
Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**01 / 27 / 2011**

**Transaction ID: 2011M02L11AI02127**

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James A. Wasserson

Mailing Address 37 Timber Knoll Drive

City State Zip Code  
**Washington Xing PA 18977-1053**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Clean Rental Service

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**01 / 21 / 2011**

**Transaction ID: 2011M02L11AI02128**

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mareen D. Waterman

Mailing Address One Waterman Way

City State Zip Code  
**Queenstown MD 21658-1179**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1330.00

Date of Receipt

**01 / 13 / 2011**

**Transaction ID: 2011M02L11AI02129**

Amount of Each Receipt this Period

1330.00

**SUBTOTAL** of Receipts This Page (optional) .....

**3330.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 892 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John F. Watkins

Mailing Address P. O. Box 8950

City

Lakeland

State

FL

Zip Code

33806-8950

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Watkins Associated Indust-  
ries

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI02130

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Noel Watson

Mailing Address 1225 W. Market Street

City

Germantown

State

OH

Zip Code

45327

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI02131

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert G. Watt

Mailing Address 4170 Whitewater Creek Road N.W.

City

Atlanta

State

GA

Zip Code

30327-3945

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: 2011M02L11AI02132

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 893 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John E. Wayland

Mailing Address 5080 Spectrum Drive  
Suite 116-W

City State Zip Code  
Addison TX 75001-6430

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tuggle, Burton & Company  
P.C.

Occupation  
C.P.A.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI02133

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jack O. Weatherford

Mailing Address 820 E. Main Street

City State Zip Code  
Murfreesboro TN 37130-3945

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI02134

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Geri Anne Webster

Mailing Address 5610 E. Central Texas Expressw  
Suite 1

City State Zip Code  
Killeen TX 76543

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02135

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 894 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. Joel S. Webster

Mailing Address 7425 Valleybrook Road

City

Charlotte

State

NC

Zip Code

28270-6548

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI02136

Amount of Each Receipt this Period

800.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard Wecker

Mailing Address 16 Edgewood Avenue

City

Trumbull

State

CT

Zip Code

06611-2408

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02137

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard Wecker

Mailing Address 16 Edgewood Avenue

City

Trumbull

State

CT

Zip Code

06611-2408

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI02138

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1025.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 895 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Vito P. Weeda

Mailing Address 7401 Castle Pines Lane

City

West Chester

State

OH

Zip Code

45069-4654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Pizza Products Inc.Occupation  
Owner/Ceo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	1

Transaction ID: 2011M02L11AI02139

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stanley Weiner

Mailing Address 3028 Big Green Lane

City

Las Vegas

State

NV

Zip Code

89134-7454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Weiner Duranso & Company  
Ltd.Occupation  
C.P.A.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	1	1

Transaction ID: 2011M02L11AI02140

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. William Weirich

Mailing Address 1095 Stonebridge Drive

City

Napa

State

CA

Zip Code

94558-5347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	1

Transaction ID: 2011M02L11AI02141

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

720.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 896 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Guy L. Weishaar

Mailing Address 66136 Highway 237

City

La Grande

State

OR

Zip Code

97850-5238

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Farming

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI02142

Amount of Each Receipt this Period

550.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James Joseph Weiss

Mailing Address 281 Riviera Drive

City

San Rafael

State

CA

Zip Code

94901-1515

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI02143

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Stephen D. Weiss

Mailing Address 9025 Keith Avenue  
Apartment 301

City

West Hollywood

State

CA

Zip Code

90069-5541

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI02144

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1325.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 897 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Brian Welch

Mailing Address 227 Savannah Jon Blvd.

City

Boerne

State

TX

Zip Code

78015-8399

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI02145

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Deborah G. Welch

Mailing Address 705 Riviera Court

City

Midland

State

TX

Zip Code

79705

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI02146

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas C. Weller, Jr.

Mailing Address 4200 Northside Parkway

City

Atlanta

State

GA

Zip Code

30327

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI02147

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

825.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 898 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Margie Wellman

Mailing Address 5 Sheffield Lane

City

Marine On Saint Cr

State

MN

Zip Code

55047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI02148

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ronald C. Wermers

Mailing Address 2705 Sundown Dr.

City

Berthoud

State

CO

Zip Code

80513-9441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI02149

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Paul R. Werther

Mailing Address 2015 Valley Road

City

Rockford

State

IL

Zip Code

61107-1370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI02150

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

695.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 899 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

E. L. Wertman

Mailing Address 21 Eatons Ranch Road

City

**Wolf**

State

**WY**

Zip Code

**82844**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**01 / 14 / 2011**

**Transaction ID: 2011M02L11AI02151**

Amount of Each Receipt this Period

**250.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. Frederick L. Westover

Mailing Address 4133 W. 107Th Court

City

**Westminster**

State

**CO**

Zip Code

**80031-7610**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**265.00**

Date of Receipt

**01 / 10 / 2011**

**Transaction ID: 2011M02L11AI02152**

Amount of Each Receipt this Period

**265.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bruce Wetzel

Mailing Address 7550 Coder Road

City

**Maumee**

State

**OH**

Zip Code

**43537-9345**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Realtor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**01 / 27 / 2011**

**Transaction ID: 2011M02L11AI02153**

Amount of Each Receipt this Period

**500.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**1015.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 900 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jack Wheatley

Mailing Address P.O. Box 3686

City

Carmel By The Sea

State

CA

Zip Code

93921

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI02154

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Patricia W. Wheeler

Mailing Address 4033 S. Yorktown Place

City

Tulsa

State

OK

Zip Code

74105-3412

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02155

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Virginia M. Wheeler

Mailing Address 2505 E. Bradford Avenue  
Apartment #4201

City

Milwaukee

State

WI

Zip Code

53211-4265

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02156

Amount of Each Receipt this Period

550.00

**SUBTOTAL** of Receipts This Page (optional) .....

1270.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 901 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert G. Whelan

Mailing Address 84 Running Creek Circle

City

Rochester

State

NY

Zip Code

14623-4159

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02157

Amount of Each Receipt this Period

255.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Delbert Whitaker

Mailing Address 3505 Turtle Creek Blvd.  
Apartment 5A

City

Dallas

State

TX

Zip Code

75219-5565

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02158

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Ellen Whitcomb

Mailing Address 4 Galaxy Dr

City

Newark

State

DE

Zip Code

19711

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI02159

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1005.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 902 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jerry White

Mailing Address 1270 Winsor Avenue

City

North Bend

State

OR

Zip Code

97459-3643

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Ship Pilot

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI02160

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Miss Beth Whitehead

Mailing Address P.O. Box 37

City

Jackson

State

AL

Zip Code

36545-0037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Healthactions

Occupation

Physical Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI02161

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Whitesel

Mailing Address 7408 Spring Village Drive  
Apartment T18

City

Springfield

State

VA

Zip Code

22150-4930

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI02162

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 903 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Concepcion Whitney

Mailing Address 11408 E. De La O. Road

City

Scottsdale

State

AZ

Zip Code

85255-5708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	1	1

Transaction ID: 2011M02L11AI02163

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Leon Whitney

Mailing Address 3507 Indian Hill Drive

City

Dayton

State

OH

Zip Code

45429-1507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	1

Transaction ID: 2011M02L11AI02164

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Wayne A. Whittaker

Mailing Address 7365 Merchant G.  
Suite B.

City

Sarasota

State

FL

Zip Code

34240-8447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ingredient Quality Consul-  
tants

Occupation

Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: 2011M02L11AI02165

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 904 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Howard Whitted

Mailing Address P.O. Box 533

City

Butler

State

AL

Zip Code

36904-0533

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI02166

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Frederick Whittemore

Mailing Address 136 E. 79Th Street  
#6A-B

City

New York

State

NY

Zip Code

10075-0328

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02167

Amount of Each Receipt this Period

2200.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John C. Whitworth

Mailing Address 1815 N. Heliotrope Drive

City

Santa Ana

State

CA

Zip Code

92706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02168

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2670.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 905 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Allen R. Widman

Mailing Address 787 County Road 109

City

Fremont

State

OH

Zip Code

43420-8503

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Solae Co.

Occupation

Boiler Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02169

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William T. Wilborn

Mailing Address 25731 Barclay Drive

City

Murrieta

State

CA

Zip Code

92563

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02170

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lynn F. Wilcox

Mailing Address 13321 Iyopawa Island Road

City

Coldwater

State

MI

Zip Code

49036-7792

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02171

Amount of Each Receipt this Period

255.00

**SUBTOTAL** of Receipts This Page (optional) .....

830.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 906 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Lloyd Wiley

Mailing Address 23 Sidney Blvd.

City

Hampden

State

ME

Zip Code

04444

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI02172

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Henry Kellogg Willard, II

Mailing Address P.O. Box 3269

City

Shepherdstown

State

WV

Zip Code

25443-3269

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2011M02L11AI02173

Amount of Each Receipt this Period

2200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Roscoe Willett, III

Mailing Address 4360 Brownsboro Road  
Suite 212

City

Louisville

State

KY

Zip Code

40207-1642

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hilliard-Lyons

Occupation  
Stockbroker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI02174

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 907 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Don W. Williams

Mailing Address 2201 Horseshoe Lane  
 Apartment 8

City State Zip Code  
 Longview TX 75605-5652

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI02175

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Elmer B. Williams

Mailing Address 5 Derne Place

City State Zip Code  
 Laguna Niguel CA 92677-4127

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI02176

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Glenda Bracken Williams

Mailing Address 4212 San Carlos Street

City State Zip Code  
 Dallas TX 75205-2050

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
 Oil/Gas/Ranching

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI02177

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

5470.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 908 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Helen Williams

Mailing Address 138 South Street

City State Zip Code  
**Medfield MA 02052**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 4 / 2 0 1 1**

**Transaction ID: 2011M02L11AI02178**

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James E. Williams

Mailing Address 2694 Parkview Drive N.E.

City State Zip Code  
**Atlanta GA 30345-3920**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
C.P.A.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 0 7 / 2 0 1 1**

**Transaction ID: 2011M02L11AI02179**

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Katherine Williams

Mailing Address 7833 Camino Glorita

City State Zip Code  
**San Diego CA 92122-1803**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 0 6 / 2 0 1 1**

**Transaction ID: 2011M02L11AI02180**

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

**690.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 909 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard O. Williams

Mailing Address P.O. Box 1735

City

Midland

State

TX

Zip Code

79702-1735

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI02181

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Tennyson Williams

Mailing Address 645 Neil Avenue  
Apartment 1006

City

Columbus

State

OH

Zip Code

43215-1654

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI02182

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lacy Williams li

Mailing Address 7 Dunnam Lane

City

Houston

State

TX

Zip Code

77024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Texla Energy Management,  
Inc

Occupation  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2011M02L11AI02183

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 910 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas H. Williamson

Mailing Address 66 Sonoma Road

City

Quincy

State

MA

Zip Code

02171-1434

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI02184

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. T. M. Willingham, II

Mailing Address 5151 Brook Hollow Parkway  
Suite 225

City

Norcross

State

GA

Zip Code

30071-4912

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI02185

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dale O. Willner

Mailing Address 2049 Pleasant Avenue

City

Saint Cloud

State

MN

Zip Code

56303-0225

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI02186

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 911 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Barbara H. Wilson

Mailing Address 2540 Green Street

City

San Francisco

State

CA

Zip Code

94123-4629

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

Transaction ID: 2011M02L11AI02187

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Carrie E. Wilson

Mailing Address 286 Deepwoods Drive

City

Highland Heights

State

KY

Zip Code

41076-4713

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

Transaction ID: 2011M02L11AI02188

Amount of Each Receipt this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Carrie E. Wilson

Mailing Address 286 Deepwoods Drive

City

Highland Heights

State

KY

Zip Code

41076-4713

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI02189

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 912 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms. Eleanor F. Wilson

Mailing Address 245 Sparks Road

City

Advance

State

NC

Zip Code

27006-8721

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Housewife

Occupation  
Housewife

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI02190

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Jo Anne Wilson

Mailing Address 1102 Blenheim Way

City

Bakersfield

State

CA

Zip Code

93312-5752

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02191

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Jo Anne Wilson

Mailing Address 1102 Blenheim Way

City

Bakersfield

State

CA

Zip Code

93312-5752

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI02192

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 913 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mark L. Wilson

Mailing Address 27 Law Road

City

Briarcliff Manor

State

NY

Zip Code

10510-2108

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Stuart Management Company

Occupation  
C.F.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02193

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Rosalie Wilson

Mailing Address 158B B. Wilson Lane

City

Mulberry

State

TN

Zip Code

37359

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI02194

Amount of Each Receipt this Period

235.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Sarah B. Wilson

Mailing Address 715 Renaissance Drive  
Apartment 205

City

Williamsville

State

NY

Zip Code

14221-8034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02195

Amount of Each Receipt this Period

205.00

**SUBTOTAL** of Receipts This Page (optional) .....

1440.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 914 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Stephanie L. Wilson

Mailing Address 1074 County Road 1150 E.

City State Zip Code  
**Carmi IL 62821-5515**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

**01 / 11 / 2011**

**Transaction ID: 2011M02L11AI02196**

Amount of Each Receipt this Period

255.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William H. Wilson

Mailing Address 9828 41st Avenue N.E.

City State Zip Code  
**Seattle WA 98115-2518**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

**01 / 10 / 2011**

**Transaction ID: 2011M02L11AI02197**

Amount of Each Receipt this Period

270.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Peter Winders

Mailing Address 4876 Quill Court

City State Zip Code  
**Palm Harbor FL 34685**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Carlton Fields

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

**01 / 18 / 2011**

**Transaction ID: 2011M02L11AI02198**

Amount of Each Receipt this Period

510.00

**SUBTOTAL** of Receipts This Page (optional) .....

**1035.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 915 / 1391  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Mr. Zeno R. Windley, Jr.

Mailing Address 921 Brookwood Street

City

Birmingham

State

MI

Zip Code

48009-1101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Morris Associates

Occupation

Business Owner

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	1	1

Transaction ID: 2011M02L11AI02199

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Douglas L Windover

Mailing Address 1 Sage Estate

City

Albany

State

NY

Zip Code

12204-2238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: 2011M02L11AI02200

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jerry E. Winn

Mailing Address 310 Gray Hawk Trail

City

Clarksville

State

TN

Zip Code

37043-6296

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Mine &amp; Farming

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: 2011M02L11AI02201

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional) .....

3150.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 916 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Dave Winsor

Mailing Address 343 Sunny Acres Road

City

Glenwood Springs

State

CO

Zip Code

81601-2827

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Parsons Brinckerhoff Quade  
& Douglas

Occupation

Environmental Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI02202

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Joy Winter

Mailing Address 6467 Bluefield Place

City

San Diego

State

CA

Zip Code

92120

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI02203

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mark E. Wise

Mailing Address 212 Winters Drive

City

Wintersville

State

OH

Zip Code

43953-3854

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Indian Creek School Distr-  
ict

Occupation

Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI02204

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional) .....

1120.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 917 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Eric J. Wishart

Mailing Address 20 Sarah Lane

City

Warwick

State

RI

Zip Code

02889-1647

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02205

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert E. Witmer

Mailing Address 55725 Riverdale Drive

City

Elkhart

State

IN

Zip Code

46514-1115

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI02206

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jackson R. Witte

Mailing Address P.O. Box 1088

City

La Mesa

State

CA

Zip Code

91944-1088

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Glass Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02207

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

1025.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Ingrid Wolf

Mailing Address 1850 Breakers West Ct

City

West Palm Bch

State

FL

Zip Code

33411-1868

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02208

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Winston Wolfe

Mailing Address 8671 Tournament

City

Memphis

State

TN

Zip Code

38125-8807

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI02209

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William M. Wolfson

Mailing Address 607 Gipsy Trail Road

City

Carmel

State

NY

Zip Code

10512-4202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI02210

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 919 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Dr. David G. Wolstein

Mailing Address 503 Baywood Drive S.

City

Dunedin

State

FL

Zip Code

34698-2012

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Celestial Imaging

Occupation  
Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI02211

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John W. Wombacher

Mailing Address 22 Saint Croix Wayve

City

Englewood

State

FL

Zip Code

34223-5311

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI02212

Amount of Each Receipt this Period

405.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Dianna K. Wood

Mailing Address 6477 N. 2300 Lane

City

West Salem

State

IL

Zip Code

62476-3044

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI02213

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

955.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 920 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Guy Wood

Mailing Address 4325 Patricias Ridge

City

Fort Worth

State

TX

Zip Code

76126-5287

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Westside Pools & Service,  
Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI02214

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James A. Woodard

Mailing Address P.O. Box 140  
8110 East Main Road

City

Berlin Heights

State

OH

Zip Code

44814

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI02215

Amount of Each Receipt this Period

240.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Larry L. Woodard

Mailing Address P.O. Box 365

City

Meridian

State

ID

Zip Code

83680-0365

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cherry Lane Christian

Occupation  
Christian Minister

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI02216

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

690.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Larry L. Woodard

Mailing Address P.O. Box 365

City

Meridian

State

ID

Zip Code

83680-0365

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cherry Lane Christian

Occupation

Christian Minister

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02217

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Carol Woodard-Keck

Mailing Address P.O. Box 84

City

Unionville

State

OH

Zip Code

44088-0084

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI02218

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mary A. Woodford

Mailing Address 13 Montclair Lane

City

Pinehurst

State

NC

Zip Code

28374

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cornerstone Research

Occupation

Financial Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI02219

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 922 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. R. A. Woodward

Mailing Address 10525 S.E. 250Th Place  
 Apartment G102

City State Zip Code  
 Kent WA 98030-8269

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Boeing Commercial Airplane

Occupation  
 Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 8 / 2 0 1 1

Transaction ID: 2011M02L11AI02220

Amount of Each Receipt this Period

295.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Timothy D. Word

Mailing Address P.O. Box 310330

City State Zip Code  
 New Braunfels TX 78131-5647

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
 Construction

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI02221

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gina K Worly

Mailing Address 132 Andover Cir

City State Zip Code  
 Oak Ridge TN 37830

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Requested

Occupation  
 Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 1 1

Transaction ID: 2011M02L11AI02222

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

995.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Ms Cheri J. Wright

Mailing Address 154 Avenue H. S.E. #1

City

Winter Haven

State

FL

Zip Code

33880

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02223

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John G. Wright

Mailing Address P.O. Box 2226

City

Austin

State

TX

Zip Code

78768-1278

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Investment/ Rancher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: 2011M02L11AI02224

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Lana Wright

Mailing Address 1906 Calle De Seville

City

Colorado Springs

State

CO

Zip Code

80904-4210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI02225

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 924 / 1391

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Larry Wright

Mailing Address 8421 Una Avenue

City

Naperville

State

IL

Zip Code

60565

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Milbank Corporation

Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2011M02L11AI02226

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Wai-Wing Wu

Mailing Address 3 Vandercrest Court

City

Dix Hills

State

NY

Zip Code

11746-5441

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Crosstown's Wine & Liquor-  
s, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2011M02L11AI02227

Amount of Each Receipt this Period

1100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Alvin Wunderlich, Jr.

Mailing Address P.O. Box 772267

City

Memphis

State

TN

Zip Code

38177-2267

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI02228

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1850.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 925 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stuart E. Wunsh

Mailing Address 6 Nutting Place

City

West Caldwell

State

NJ

Zip Code

07006-7002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI02229

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Suzanne Wyness

Mailing Address 91 W. Plaza Del Sol

City

Islamorada

State

FL

Zip Code

33036-4120

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI02230

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Suzanne Wyness

Mailing Address 91 W. Plaza Del Sol

City

Islamorada

State

FL

Zip Code

33036-4120

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI02231

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 926 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Suzanne Wyness

Mailing Address 91 W. Plaza Del Sol

City

Islamorada

State

FL

Zip Code

33036-4120

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI02232

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Frank Wynne

Mailing Address 13310 Stepping Stone Way

City

Louisville

State

KY

Zip Code

40299-5188

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.P.S.

Occupation  
Airline Pilot

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02233

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kevin W. Yankowsky

Mailing Address 1301 McKinney  
Suite 5100

City

Houston

State

TX

Zip Code

77010-3095

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fulbright & Jaworski

Occupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI02234

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 927 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey C. Yauch

Mailing Address 39 Willow Avenue

City

Iselin

State

NJ

Zip Code

08830-1523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Appliance Repair Tech.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02235

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Peggy Yeager

Mailing Address 3400 Inland Empire Blvd.  
Suite 101

City

Ontario

State

CA

Zip Code

91764

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI02236

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Brenda L. Yeaton

Mailing Address 32868 Brookwood Lane

City

Franklin

State

MI

Zip Code

48025-1905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2011M02L11AI02237

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

970.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 928 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Dixon P. Yee

Mailing Address 254 Old Norwalk Road

City

New Canaan

State

CT

Zip Code

06840-6426

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bass Capital

Occupation  
Bond Trader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI02238

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert E. Yoakam

Mailing Address 6345 Taggart Road

City

Delaware

State

OH

Zip Code

43015-8893

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Homebuilder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI02239

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Douglas W. York

Mailing Address 3441 E. Harbour Drive

City

Phoenix

State

AZ

Zip Code

85034-7229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ewing Irrigation Products

Occupation  
President/Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2011M02L11AI02240

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1475.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 929 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Steven E. Young

Mailing Address 8555 Lateral B. Road

City

Wapato

State

WA

Zip Code

98951-9732

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Concord Construction, Inc.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: 2011M02L11AI02241

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas W. Young

Mailing Address 45 E. 25Th Street  
Apartment 40C

City

New York

State

NY

Zip Code

10010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI02242

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas W. Young

Mailing Address 45 E. 25Th Street  
Apartment 40C

City

New York

State

NY

Zip Code

10010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI02243

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

470.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 930 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas W. Young

Mailing Address 45 E. 25Th Street  
 Apartment 40C

City State Zip Code  
 New York NY 10010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 9 / 2 0 1 1

Transaction ID: 2011M02L11AI02244

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Helen Yuditsky

Mailing Address 701 E. Front Avenue  
 Apartment 1202

City State Zip Code  
 Coeur D. Alene ID 83814-4917

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 5 / 2 0 1 1

Transaction ID: 2011M02L11AI02245

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas K. Yue

Mailing Address 8718 Alvarado Trail

City State Zip Code  
 Inver Grove Height MN 55077-3001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI02246

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

860.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 931 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Zant

Mailing Address 3301 State Highway 137

City State Zip Code  
**Stanton TX 79782**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 0 6 / 2 0 1 1**

**Transaction ID: 2011M02L11AI02247**

Amount of Each Receipt this Period

295.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Marie D. Zartman

Mailing Address 713 Quaint Acres Drive

City State Zip Code  
**Silver Spring MD 20904-2725**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Book Builder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 1 4 / 2 0 1 1**

**Transaction ID: 2011M02L11AI02248**

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Ingrid N. Zeeck

Mailing Address 30 Woodhaven Drive

City State Zip Code  
**Odessa TX 79762-5140**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 4 / 2 0 1 1**

**Transaction ID: 2011M02L11AI02249**

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional) .....

**1270.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 932 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Larry D. Zeidler

Mailing Address P.O. Box 429

City

Clayton

State

CA

Zip Code

94517-0429

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI02250

Amount of Each Receipt this Period

255.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert H. Zimmer

Mailing Address 341 Eden Road

City

Palm Beach

State

FL

Zip Code

33480-3317

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2011M02L11AI02251

Amount of Each Receipt this Period

670.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Helmut M. Zimmerman

Mailing Address 1808 Heather Glen Circle

City

Allen

State

TX

Zip Code

75002-8614

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sanden International (U.S-  
A.) Inc.

Occupation  
Assembly Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2011M02L11AI02252

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1925.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 933 / 1391  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Leroy S. Zimmerman

Mailing Address P.O. Box 79

City

Harrisburg

State

PA

Zip Code

17108-0079

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Eckert Seamans Cherin and  
Mellott LLC

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 2011M02L11AI02253

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Miss Zuzanna Zmorzynska

Mailing Address 8352 Talbot Street  
Apartment 3J

City

Kew Gardens

State

NY

Zip Code

11415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI02254

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Miss Zuzanna Zmorzynska

Mailing Address 8352 Talbot Street  
Apartment 3J

City

Kew Gardens

State

NY

Zip Code

11415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI02255

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional) .....

825.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 934 / 1391

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Miss Zuzanna Zmorzynska

Mailing Address 8352 Talbot Street  
 Apartment 3J

City State Zip Code  
 Kew Gardens NY 11415

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Requested

Occupation  
 Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI02256

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
 Miss Zuzanna Zmorzynska

Mailing Address 8352 Talbot Street  
 Apartment 3J

City State Zip Code  
 Kew Gardens NY 11415

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Requested

Occupation  
 Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 3 / 2 0 1 1

Transaction ID: 2011M02L11AI02257

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)  
 Lupe Zumarraga

Mailing Address 12454 S.W. 76Th Street

City State Zip Code  
 Miami FL 33183

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Requested

Occupation  
 Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L11AI02258

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 935 / 1391

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR RAYMOND SHMALO

Mailing Address 7460 MONTE VERDE

City

SARASOTA

State

FL

Zip Code

34238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	0		2	0	1	1

Transaction ID: 2011M02L11ACH00001

Amount of Each Receipt this Period

-270.00

ACH RETURN - CONTRIBUTION  
10/21/2010

SUBTOTAL of Receipts This Page (optional) .....

-270.00

TOTAL This Period (last page this line number only) .....

1296373.27

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 936 / 1391

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

American Nurses Association PAC

Mailing Address 8515 Georgia Avenue  
Suite 400

City State Zip Code  
Silver Springs MD 20910

FEC ID number of contributing  
federal political committee.

**C** C00017525

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

**Transaction ID:** 2011M02L11CPC00001

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

B.N.S.F. Rail PAC

Mailing Address P.O. Box 961039

City State Zip Code  
Fort Worth TX 76161

FEC ID number of contributing  
federal political committee.

**C** C00235739

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 1

**Transaction ID:** 2011M02L11CPC00002

Amount of Each Receipt this Period

15000.00

**C.**

Full Name (Last, First, Middle Initial)

Bell Toll Let Freedom Ring PAC

Mailing Address 202 Private Road 7827

City State Zip Code  
Wills Point TX 75169

FEC ID number of contributing  
federal political committee.

**C** C00452334

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

126.42

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 1 1

**Transaction ID:** 2011M02L11CPC00003

Amount of Each Receipt this Period

126.42

**SUBTOTAL** of Receipts This Page (optional) .....

20126.42

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 937 / 1391

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Credit Union Legislative Action Council

Mailing Address 601 Pennsylvania Avenue N.W.  
of CUNA/PAC

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing  
federal political committee.**C** C00007880

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	4	/	2	0	1	1

Transaction ID: 2011M02L11CPC00004

Amount of Each Receipt this Period

15000.00

**B.**

Full Name (Last, First, Middle Initial)

Deloitte &amp; Touche Federal PAC

Mailing Address P.O. Box 365

City	State	Zip Code
Washington	DC	20044

FEC ID number of contributing  
federal political committee.**C** C00211318

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: 2011M02L11CPC00005

Amount of Each Receipt this Period

15000.00

**C.**

Full Name (Last, First, Middle Initial)

Lockheed Martin Employees PAC

Mailing Address 1550 Crystal Drive  
Crystal Square, Suite 300

City	State	Zip Code
Arlington	VA	22202

FEC ID number of contributing  
federal political committee.**C** C00303024

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: 2011M02L11CPC00006

Amount of Each Receipt this Period

15000.00

SUBTOTAL of Receipts This Page (optional) .....

45000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 938 / 1391

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

Price Waterhouse Coopers PAC

Mailing Address 1301 K. Street N.W.  
Suite 800 WestCity State Zip Code  
Washington DC 20005FEC ID number of contributing  
federal political committee.**C** C00107235

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Transaction ID: 2011M02L11CPC00007

Amount of Each Receipt this Period

15000.00

**B.**

Full Name (Last, First, Middle Initial)

Raytheon Company PAC

Mailing Address 1100 Wilson Boulevard

City State Zip Code  
Arlington VA 22209FEC ID number of contributing  
federal political committee.**C** C00097568

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	1	1

Transaction ID: 2011M02L11CPC00008

Amount of Each Receipt this Period

15000.00

**C.**

Full Name (Last, First, Middle Initial)

Realtors PAC

Mailing Address 430 North Michigan Avenue

City State Zip Code  
Chicago IL 60611FEC ID number of contributing  
federal political committee.**C** C00030718

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	1	1

Transaction ID: 2011M02L11CPC00009

Amount of Each Receipt this Period

15000.00

SUBTOTAL of Receipts This Page (optional) .....

45000.00

TOTAL This Period (last page this line number only) .....

110126.42

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 939 / 1391

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**REPUBLICAN PARTY OF IOWA**

Mailing Address **621 EAST NINTH STREET**

City State Zip Code  
**DESMOINES IA 50309**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**53481.13**

Date of Receipt

**01 / 19 / 2011**

**Transaction ID: 2011M02L12TA00001**

Amount of Each Receipt this Period

**53481.13**

IN-KIND TRANSFER- EQUIPME-  
NT-OFFSET SEE LINE 22 SCH-  
EDULE B

**B.**

Full Name (Last, First, Middle Initial)  
**THE REPUBLICAN PARTY OF NEW MEXICO**

Mailing Address **P O BOX 94083**

City State Zip Code  
**ALBUQUERQUE NM 87199**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**21291.00**

Date of Receipt

**01 / 07 / 2011**

**Transaction ID: 2011M02L12TA00002**

Amount of Each Receipt this Period

**21291.00**

IN-KIND TRANSFER- EQUIPME-  
NT-OFFSET SEE LINE 22 SCH-  
EDULE B

**C.**

Full Name (Last, First, Middle Initial)  
**THE SOUTH CAROLINA REPUBLICAN PARTY**

Mailing Address **1913 MARION STREET**

City State Zip Code  
**COLUMBIA SC 29211**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5828.87**

Date of Receipt

**01 / 20 / 2011**

**Transaction ID: 2011M02L12TA00003**

Amount of Each Receipt this Period

**5828.87**

IN-KIND TRANSFER- EQUIPME-  
NT-OFFSET SEE LINE 22 SCH-  
EDULE B

**SUBTOTAL** of Receipts This Page (optional) .....

**80601.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 940 / 1391

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**THE TENNESSEE REPUBLICAN PARTY**

Mailing Address **2424 21ST AVENUE  
 SUITE 200**

City State Zip Code  
**NASHVILLE TN 37212**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**29276.79**

Date of Receipt

**01 / 20 / 2011**

**Transaction ID: 2011M02L12TA00004**

Amount of Each Receipt this Period

**29276.79**

IN-KIND TRANSFER- EQUIPME-  
NT-OFFSET SEE LINE 22 SCH-  
EDULE B

**B.**

Full Name (Last, First, Middle Initial)  
**REPUBLICAN PARTY OF FLORIDA**

Mailing Address **420 EAST JEFFERSON STREET**

City State Zip Code  
**TALLAHASSEE FL 32301**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**165704.96**

Date of Receipt

**01 / 21 / 2011**

**Transaction ID: 2011M02L12TA00005**

Amount of Each Receipt this Period

**165704.96**

IN-KIND TRANSFER- EQUIPME-  
NT-OFFSET SEE LINE 22 SCH-  
EDULE B

**SUBTOTAL** of Receipts This Page (optional) .....

**194981.75**

**TOTAL** This Period (last page this line number only) .....

**275582.75**



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 941 / 1391

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**M. M. BOYCE, BOYCEM. M**

Mailing Address **11060 WEYMOUTH CT**  
**APT 416**

City State Zip Code  
**WALDORF MD 20603**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**408.66**

Date of Receipt

**01 / 26 / 2011**

**Transaction ID: 2011M02L1500001**

Amount of Each Receipt this Period

**204.33**

**INSURANCE**

**B.**

Full Name (Last, First, Middle Initial)  
**M. M. BOYCE, BOYCEM. M**

Mailing Address **11060 WEYMOUTH CT**  
**APT 416**

City State Zip Code  
**WALDORF MD 20603**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**408.66**

Date of Receipt

**01 / 11 / 2011**

**Transaction ID: 2011M02L1500002**

Amount of Each Receipt this Period

**204.33**

**INSURANCE**

**C.**

Full Name (Last, First, Middle Initial)  
**HIRSCH FINANCIAL SERVICES, INC**

Mailing Address **4 NORTH PARK DR**  
**SUITE 500**

City State Zip Code  
**HUNT VALLEY MD 21030**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**3731.67**

Date of Receipt

**01 / 26 / 2011**

**Transaction ID: 2011M02L1500003**

Amount of Each Receipt this Period

**1660.18**

**INSURANCE**

**SUBTOTAL** of Receipts This Page (optional) .....

**2068.84**

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA15**

Transaction ID :

Regarding 'Asset Sales' reported on Schedule A supporting Line 15 of our report, occasionally the RNC has used office equipment that we need to dispose of. This equipment may be sold in bulk to a commercial liquidation business or piece by piece to individuals. When this is done, these items are reported as 'asset sale' and the price charged is such that they in no way constitute a political contribution. The used assets liquidated by sale to individuals or business are reported as 'Asset Sale' and are priced at fair market value. These items sold by the RNC are not unique to our business, they are common items found in most business, such as computers and cell phones. As such, the market price for these items are determined by referring to internet auction sites or checking replacement values from retail sources.

A. Form/Schedule : **SA15**

Transaction ID :

With regard to the usual and normal charge for fees received from a federal candidate on Schedule A supporting Line 15, the RNC charges fair market value for services it provides. Prices are intended to recover the cost for providing the service. The services reported on this schedule for which the RNC received payment were not services of a nature which is unique to the RNC. Services of this type are common in the business community and as such, the RNC compares and sets the price charged to prices available from other commercial sources.

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 943 / 1391

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
HIRSCH FINANCIAL SERVICES, INC

Mailing Address 4 NORTH PARK DR  
SUITE 500

City State Zip Code  
HUNT VALLEY MD 21030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3731.67

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L1500004

Amount of Each Receipt this Period

2071.49

INSURANCE

**B.**

Full Name (Last, First, Middle Initial)  
JAMES M. ROWLEY

Mailing Address 1812 N HOWARD ST

City State Zip Code  
ALEXANDRIA VA 22304

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2011M02L1500005

Amount of Each Receipt this Period

225.00

ASSET SALE

**C.**

Full Name (Last, First, Middle Initial)  
VERIZON

Mailing Address 350 GRANITE STREET  
2ND FLOOR

City State Zip Code  
BRAINTREE MA 02184-9000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10374.59

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2011M02L1500006

Amount of Each Receipt this Period

1117.32

REFUND PHONE CHARGES

**SUBTOTAL** of Receipts This Page (optional) .....

3413.81

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 944 / 1391

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
VERIZONMailing Address 350 GRANITE STREET  
2ND FLOORCity State Zip Code  
BRAINTREE MA 02184-9000FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10374.59

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	1	/	2	0	1	1

Transaction ID: 2011M02L1500007

Amount of Each Receipt this Period

1117.32

REFUND PHONE CHARGES

**B.**Full Name (Last, First, Middle Initial)  
VERIZONMailing Address 350 GRANITE STREET  
2ND FLOORCity State Zip Code  
BRAINTREE MA 02184-9000FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10374.59

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	1	/	2	0	1	1

Transaction ID: 2011M02L1500008

Amount of Each Receipt this Period

1117.32

REFUND PHONE CHARGES

**C.**Full Name (Last, First, Middle Initial)  
VERIZONMailing Address 350 GRANITE STREET  
2ND FLOORCity State Zip Code  
BRAINTREE MA 02184-9000FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10374.59

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	1	/	2	0	1	1

Transaction ID: 2011M02L1500009

Amount of Each Receipt this Period

1117.32

REFUND PHONE CHARGES

SUBTOTAL of Receipts This Page (optional) .....

3351.96

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 945 / 1391

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**VERIZON**

Mailing Address **350 GRANITE STREET**  
**2ND FLOOR**

City **BRAINTREE** State **MA** Zip Code **02184-9000**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**10374.59**

Date of Receipt

**01 / 11 / 2011**

**Transaction ID: 2011M02L1500010**

Amount of Each Receipt this Period

**834.10**

**REFUND PHONE CHARGES**

**B.**

Full Name (Last, First, Middle Initial)  
**VERIZON**

Mailing Address **350 GRANITE STREET**  
**2ND FLOOR**

City **BRAINTREE** State **MA** Zip Code **02184-9000**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**10374.59**

Date of Receipt

**01 / 11 / 2011**

**Transaction ID: 2011M02L1500011**

Amount of Each Receipt this Period

**834.10**

**REFUND PHONE CHARGES**

**C.**

Full Name (Last, First, Middle Initial)  
**VERIZON**

Mailing Address **350 GRANITE STREET**  
**2ND FLOOR**

City **BRAINTREE** State **MA** Zip Code **02184-9000**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**10374.59**

Date of Receipt

**01 / 11 / 2011**

**Transaction ID: 2011M02L1500012**

Amount of Each Receipt this Period

**906.05**

**REFUND PHONE CHARGES**

**SUBTOTAL** of Receipts This Page (optional) .....

**2574.25**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 946 / 1391

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**VERIZON**

Mailing Address **350 GRANITE STREET**  
**2ND FLOOR**

City **BRAINTREE** State **MA** Zip Code **02184-9000**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**10374.59**

Date of Receipt

**01 / 11 / 2011**

**Transaction ID: 2011M02L1500013**

Amount of Each Receipt this Period

**831.43**

**REFUND PHONE CHARGES**

**B.**

Full Name (Last, First, Middle Initial)  
**VERIZON**

Mailing Address **350 GRANITE STREET**  
**2ND FLOOR**

City **BRAINTREE** State **MA** Zip Code **02184-9000**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**10374.59**

Date of Receipt

**01 / 11 / 2011**

**Transaction ID: 2011M02L1500014**

Amount of Each Receipt this Period

**834.10**

**REFUND PHONE CHARGES**

**C.**

Full Name (Last, First, Middle Initial)  
**VERIZON**

Mailing Address **350 GRANITE STREET**  
**2ND FLOOR**

City **BRAINTREE** State **MA** Zip Code **02184-9000**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**10374.59**

Date of Receipt

**01 / 11 / 2011**

**Transaction ID: 2011M02L1500015**

Amount of Each Receipt this Period

**834.10**

**REFUND PHONE CHARGES**

**SUBTOTAL** of Receipts This Page (optional) .....

**2499.63**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 947 / 1391

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

VERIZON

Mailing Address 350 GRANITE STREET  
2ND FLOOR

City

BRAINTREE

State

MA

Zip Code

02184-9000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

10374.59

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	1		2	0	1	1

Transaction ID: 2011M02L1500016

Amount of Each Receipt this Period

831.43

REFUND PHONE CHARGES

SUBTOTAL of Receipts This Page (optional) .....

831.43

TOTAL This Period (last page this line number only) .....

14739.92

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 948 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) ACE FIRE EXTINGUISHER SRV INC.	<b>Transaction ID:</b> 2011M02L21A00001 <b>Date of Disbursement</b>
Mailing Address 5117 COLLEGE AVENUE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div>
City COLLEGE PARK State MD Zip Code 20740	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement EQUIPMENT MAINTENANCE	<div>917.10</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) ACXIOM CORPORATION	<b>Transaction ID:</b> 2011M02L21A00002 <b>Date of Disbursement</b>
Mailing Address 4090 COLLECTIONS CENTER DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div>
City CHICAGO State IL Zip Code 60693	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement DATA ENTRY SERVICES	<div>500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) ACXIOM CORPORATION	<b>Transaction ID:</b> 2011M02L21A00003 <b>Date of Disbursement</b>
Mailing Address 4090 COLLECTIONS CENTER DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div>
City CHICAGO State IL Zip Code 60693	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement DATA LICENSING	<div>67500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

68917.10

**TOTAL** This Period (last page this line number only) .....



A. Form/Schedule : **SB21B**

Transaction ID :

All expenditures listed for Radio Time, Production, Video Production, Telemarketing, Ad Costs, Media Costs, Media Research, Advertising, Satellite Time, Video or Broadcast Costs, Production Costs, Advertising Costs, Video Services, Broadcast Services, Fax Broadcasting, Illustration Costs, Mailing Costs, Photography Costs, Photo Services, Photo Shoot, banner, calligraphy costs, catering costs, event cost, event supplies, graphic services, online banner, production design, projection presentation cost, promotional supplies and Media Services are RNC operating costs. None of these expenditures are Candidate specific. No media related expenditures listed on line 21 are intended for or directed by a specific candidate. They are either generic overhead costs or RNC fundraising costs.

A. Form/Schedule : **SB21B**

Transaction ID :

All expenditures listed for 'art production', 'audio costs', 'entertainment costs', 'music services', 'photography costs', 'photos' and 'reception costs' these are RNC operating costs. None of these expenditures are Candidate specific. No expenditures listed on line 21 are intended for or directed by a specific candidate. They are either generic overhead costs or RNC fundraising costs.

A. Form/Schedule : **SB21B**

Transaction ID :

Payments to another political committee disclosed on Schedule B supporting Line 21(b) are not contributions. They are payments for goods and services received at usual and normal rates. With regard to the usual and normal rates, we are assured the fee is a commercially reasonable rate because we regularly obtain similar products from a variety of sources both political and commercial.

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 951 / 1391

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) ADP, INC Mailing Address P O BOX 9001006	<b>Transaction ID:</b> 2011M02L21A00004 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div>
City LOUISVILLE State KY Zip Code 40290-1006 Purpose of Disbursement PAYROLL SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>860.56</div>
<b>B.</b> Full Name (Last, First, Middle Initial) ADP, INC Mailing Address P O BOX 9001006 City LOUISVILLE State KY Zip Code 40290-1006 Purpose of Disbursement PAYROLL SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00005 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1339.26</div>
<b>C.</b> Full Name (Last, First, Middle Initial) ADP, INC Mailing Address P O BOX 9001006 City LOUISVILLE State KY Zip Code 40290-1006 Purpose of Disbursement PAYROLL SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00006 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1364.22</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3564.04**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 952 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) ADP, INC.	<b>Transaction ID:</b> 2011M02L21A00007 <b>Date of Disbursement</b>																				
Mailing Address UNEMPLOYMENT P O BOX 7247-0372	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City PHILADELPHIA State PA Zip Code 19170-0372	Amount of Each Disbursement this Period																				
Purpose of Disbursement UNEMPLOYMENT MGMT SERVICES Candidate Name	<table border="1"> <tr> <td colspan="10">441.17</td> </tr> </table>	441.17																			
441.17																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ADVANTAGE INC.	<b>Transaction ID:</b> 2011M02L21A00008 <b>Date of Disbursement</b>																				
Mailing Address 2300 CLARENDON BLVD SUITE 1004	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City ARLINGTON State VA Zip Code 22201	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEMARKETING Candidate Name	<table border="1"> <tr> <td colspan="10">664.64</td> </tr> </table>	664.64																			
664.64																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ADVANTAGE INC.	<b>Transaction ID:</b> 2011M02L21A00009 <b>Date of Disbursement</b>																				
Mailing Address 2300 CLARENDON BLVD SUITE 1004	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City ARLINGTON State VA Zip Code 22201	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEMARKETING Candidate Name	<table border="1"> <tr> <td colspan="10">1025.24</td> </tr> </table>	1025.24																			
1025.24																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**2131.05**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 953 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) ADVANTAGE INC.	<b>Transaction ID:</b> 2011M02L21A00010 <b>Date of Disbursement</b>																				
Mailing Address 2300 CLARENDON BLVD SUITE 1004	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City ARLINGTON State VA Zip Code 22201	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEMARKETING Candidate Name	<table border="1"> <tr> <td colspan="10">4000.89</td> </tr> </table>	4000.89																			
4000.89																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) NEIL ALPERT	<b>Transaction ID:</b> 2011M02L21A00011 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">130.70</td> </tr> </table>	130.70																			
130.70																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) NEIL ALPERT	<b>Transaction ID:</b> 2011M02L21A00012 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">130.70</td> </tr> </table>	130.70																			
130.70																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

4262.29

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 954 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) NEIL ALPERT	<b>Transaction ID:</b> 2011M02L21A00013 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAIN FARE	<table border="1"> <tr> <td colspan="10">90.00</td> </tr> </table>	90.00																			
90.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) NEIL ALPERT	<b>Transaction ID:</b> 2011M02L21A00014 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-TAXI	<table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	20.00																			
20.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) NEIL ALPERT	<b>Transaction ID:</b> 2011M02L21A00015 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-TAXI	<table border="1"> <tr> <td colspan="10">60.20</td> </tr> </table>	60.20																			
60.20																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

170.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 955 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00016 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360 Purpose of Disbursement A/V EQUIPMENT RENTAL Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>206.00</td> </tr> </table>	206.00																			
206.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) PSAV PRESENTATIONS SRVCS	<b>Transaction ID:</b> 2011M02L21A00016M <b>Date of Disbursement</b>																				
Mailing Address 1700 E GOLF RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City SCHAUMBURG State IL Zip Code 60173 Purpose of Disbursement A/V EQUIPMENT RENTAL Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>206.00</td> </tr> </table>	206.00																			
206.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00017 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360 Purpose of Disbursement AIR FARE Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>-391.20</td> </tr> </table>	-391.20																			
-391.20																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**-185.20**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 956 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) US AIRWAYS	<b>Transaction ID:</b> 2011M02L21A00017M <b>Date of Disbursement</b>																				
Mailing Address 4000 E SKY HARBOR BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City PHOENIX State AZ Zip Code 85034	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement AIR FARE	<table border="1"> <tr> <td>-391.20</td> </tr> </table>	-391.20																			
-391.20																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00018 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement AIR FARE	<table border="1"> <tr> <td>25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JETBLUE AIRWAYS	<b>Transaction ID:</b> 2011M02L21A00018M <b>Date of Disbursement</b>																				
Mailing Address 6322 S 3000 E STE G10	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City SALT LAKE CITY State UT Zip Code 84121	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement AIR FARE	<table border="1"> <tr> <td>25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional) .....

25.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 957 / 1391

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00019 <b>Date of Disbursement</b>
Mailing Address PO BOX 36001	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City FT. LAUDERDALE State FL Zip Code 33360	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement AIR FARE	<div>120.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) UNITED AIRLINES	<b>Transaction ID:</b> 2011M02L21A00019M <b>Date of Disbursement</b>
Mailing Address 1200 E. ALGONQUIN RD ATTN: MINA TAHERI WHQAC	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City ELK GROVE State IL Zip Code 60007	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement AIR FARE	<div>120.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00020 <b>Date of Disbursement</b>
Mailing Address PO BOX 36001	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City FT. LAUDERDALE State FL Zip Code 33360	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement AIR FARE	<div>149.70</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

269.70

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 958 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

SOUTHWEST AIRLINES

Mailing Address P O BOX 36611

City  
DALLASState  
TXZip Code  
75235Purpose of Disbursement  
AIR FARE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00020M

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	1

Amount of Each Disbursement this Period

149.70

**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 36001

City  
FT. LAUDERDALEState  
FLZip Code  
33360Purpose of Disbursement  
AIR FARE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00021

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	1

Amount of Each Disbursement this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

US AIRWAYS

Mailing Address 4000 E SKY HARBOR BLVD

City  
PHOENIXState  
AZZip Code  
85034Purpose of Disbursement  
AIR FARE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00021M

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	1

Amount of Each Disbursement this Period

150.00

**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) .....

150.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 959 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00022 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">184.70</td> </tr> </table>	184.70																			
184.70																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) AIRTRAN AIRWAYS	<b>Transaction ID:</b> 2011M02L21A00022M <b>Date of Disbursement</b>																				
Mailing Address 9955 AIRTRAN BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City ORLANDO State FL Zip Code 32827	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">184.70</td> </tr> </table>	184.70																			
184.70																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00023 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">193.91</td> </tr> </table>	193.91																			
193.91																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**378.61**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 960 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) US AIRWAYS	<b>Transaction ID:</b> 2011M02L21A00023M <b>Date of Disbursement</b>																				
Mailing Address 4000 E SKY HARBOR BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City PHOENIX State AZ Zip Code 85034	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">193.91</td> </tr> </table>	193.91																			
193.91																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00024 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">206.70</td> </tr> </table>	206.70																			
206.70																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
<b>C.</b> Full Name (Last, First, Middle Initial) AIRTRAN AIRWAYS	<b>Transaction ID:</b> 2011M02L21A00024M <b>Date of Disbursement</b>																				
Mailing Address 9955 AIRTRAN BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City ORLANDO State FL Zip Code 32827	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">206.70</td> </tr> </table>	206.70																			
206.70																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					

**SUBTOTAL** of Disbursements This Page (optional) .....

206.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 961 / 1391

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 36001	<b>Transaction ID:</b> 2011M02L21A00025 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City FT. LAUDERDALE State FL Zip Code 33360 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>265.40</div> <div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN AIRLINES, INC Mailing Address CC BILLING/ATTN: J GARDNER PO BOX 582820 MD766 City TULSA State OK Zip Code 74158 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00025M <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>265.40</div> <div>Category/Type</div> <p><b>[MEMO ITEM]</b></p>
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 36001 City FT. LAUDERDALE State FL Zip Code 33360 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00026 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>280.70</div> <div>Category/Type</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**546.10**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 962 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) DELTA AIR LINES, INC Mailing Address PO BOX 934946	<b>Transaction ID:</b> 2011M02L21A00026M <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City ATLANTA State GA Zip Code 31193 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>280.70</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 36001 City FT. LAUDERDALE State FL Zip Code 33360 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00027 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>281.40</div>
<b>C.</b> Full Name (Last, First, Middle Initial) DELTA AIR LINES, INC Mailing Address PO BOX 934946 City ATLANTA State GA Zip Code 31193 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00027M <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>281.40</div> <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

281.40

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 963 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 36001	<b>Transaction ID:</b> 2011M02L21A00028 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 1 1</div> </div>
City FT. LAUDERDALE State FL Zip Code 33360 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>305.40</div> <div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES Mailing Address P O BOX 36611 City DALLAS State TX Zip Code 75235 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00028M <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>305.40</div> <div>Category/Type</div> <p><b>[MEMO ITEM]</b></p>
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 36001 City FT. LAUDERDALE State FL Zip Code 33360 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00029 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>305.70</div> <div>Category/Type</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**611.10**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 964 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AIRTRAN AIRWAYS	<b>Transaction ID:</b> 2011M02L21A00029M <b>Date of Disbursement</b>																				
Mailing Address 9955 AIRTRAN BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City ORLANDO State FL Zip Code 32827	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">305.70</td> </tr> </table>	305.70																			
305.70																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00030 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">309.10</td> </tr> </table>	309.10																			
309.10																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) AIRTRAN AIRWAYS	<b>Transaction ID:</b> 2011M02L21A00030M <b>Date of Disbursement</b>																				
Mailing Address 9955 AIRTRAN BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City ORLANDO State FL Zip Code 32827	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">309.10</td> </tr> </table>	309.10																			
309.10																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

309.10

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 965 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00031 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	Amount of Each Disbursement this Period <table border="1"> <tr> <td>3</td><td>1</td><td>4</td><td>.</td><td>4</td><td>0</td> </tr> </table>	3	1	4	.	4	0														
3	1	4	.	4	0																
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN AIRLINES, INC	<b>Transaction ID:</b> 2011M02L21A00031M <b>Date of Disbursement</b>																				
Mailing Address CC BILLING/ATTN: J GARDNER PO BOX 582820 MD766	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City TULSA State OK Zip Code 74158	Amount of Each Disbursement this Period <table border="1"> <tr> <td>3</td><td>1</td><td>4</td><td>.</td><td>4</td><td>0</td> </tr> </table>	3	1	4	.	4	0														
3	1	4	.	4	0																
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00032 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
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0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	Amount of Each Disbursement this Period <table border="1"> <tr> <td>3</td><td>1</td><td>4</td><td>.</td><td>4</td><td>0</td> </tr> </table>	3	1	4	.	4	0														
3	1	4	.	4	0																
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**628.80**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 966 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN AIRLINES, INC	<b>Transaction ID:</b> 2011M02L21A00032M <b>Date of Disbursement</b>																				
Mailing Address CC BILLING/ATTN: J GARDNER PO BOX 582820 MD766	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City TULSA State OK Zip Code 74158	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">314.40</td> </tr> </table>	314.40																			
314.40																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00033 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">336.90</td> </tr> </table>	336.90																			
336.90																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
<b>C.</b> Full Name (Last, First, Middle Initial) CONTINENTAL AIRLINES	<b>Transaction ID:</b> 2011M02L21A00033M <b>Date of Disbursement</b>																				
Mailing Address 600 JEFFERSON ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City HOUSTON State TX Zip Code 77012	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">336.90</td> </tr> </table>	336.90																			
336.90																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					

**SUBTOTAL** of Disbursements This Page (optional) .....

336.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 967 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00034 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
<table border="1"> <tr> <td>City FT. LAUDERDALE</td> <td>State FL</td> <td>Zip Code 33360</td> </tr> <tr> <td colspan="2">Purpose of Disbursement AIR FARE</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City FT. LAUDERDALE	State FL	Zip Code 33360	Purpose of Disbursement AIR FARE		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>357.40</td> </tr> </table>	357.40											
City FT. LAUDERDALE	State FL	Zip Code 33360																			
Purpose of Disbursement AIR FARE		<input type="text"/> Category/ Type																			
Candidate Name																					
357.40																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) AIRTRAN AIRWAYS	<b>Transaction ID:</b> 2011M02L21A00034M <b>Date of Disbursement</b>																				
Mailing Address 9955 AIRTRAN BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
<table border="1"> <tr> <td>City ORLANDO</td> <td>State FL</td> <td>Zip Code 32827</td> </tr> <tr> <td colspan="2">Purpose of Disbursement AIR FARE</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City ORLANDO	State FL	Zip Code 32827	Purpose of Disbursement AIR FARE		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>357.40</td> </tr> </table>	357.40											
City ORLANDO	State FL	Zip Code 32827																			
Purpose of Disbursement AIR FARE		<input type="text"/> Category/ Type																			
Candidate Name																					
357.40																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00035 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
<table border="1"> <tr> <td>City FT. LAUDERDALE</td> <td>State FL</td> <td>Zip Code 33360</td> </tr> <tr> <td colspan="2">Purpose of Disbursement AIR FARE</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City FT. LAUDERDALE	State FL	Zip Code 33360	Purpose of Disbursement AIR FARE		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>360.70</td> </tr> </table>	360.70											
City FT. LAUDERDALE	State FL	Zip Code 33360																			
Purpose of Disbursement AIR FARE		<input type="text"/> Category/ Type																			
Candidate Name																					
360.70																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**718.10**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 968 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<b>A.</b>	<p>Full Name (Last, First, Middle Initial)  <b>SOUTHWEST AIRLINES</b></p> <p>Mailing Address <b>P O BOX 36611</b></p> <p>City <b>DALLAS</b> State <b>TX</b> Zip Code <b>75235</b></p> <p>Purpose of Disbursement  <b>AIR FARE</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00035M  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>360.70</div></p> <p><b>[MEMO ITEM]</b></p>
<b>B.</b>	<p>Full Name (Last, First, Middle Initial)  <b>AMERICAN EXPRESS</b></p> <p>Mailing Address <b>PO BOX 36001</b></p> <p>City <b>FT. LAUDERDALE</b> State <b>FL</b> Zip Code <b>33360</b></p> <p>Purpose of Disbursement  <b>AIR FARE</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00036  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>365.70</div></p>
<b>C.</b>	<p>Full Name (Last, First, Middle Initial)  <b>AIRTRAN AIRWAYS</b></p> <p>Mailing Address <b>9955 AIRTRAN BLVD</b></p> <p>City <b>ORLANDO</b> State <b>FL</b> Zip Code <b>32827</b></p> <p>Purpose of Disbursement  <b>AIR FARE</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00036M  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>365.70</div></p> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**365.70**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 969 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 36001	<b>Transaction ID:</b> 2011M02L21A00037 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1	
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	3		2	0	1	1													
City FT. LAUDERDALE State FL Zip Code 33360 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>382.12</td> </tr> </table>	382.12																				
382.12																						
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN AIRLINES, INC Mailing Address CC BILLING/ATTN: J GARDNER PO BOX 582820 MD766 City TULSA State OK Zip Code 74158 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00037M <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>382.12</td> </tr> </table> <b>[MEMO ITEM]</b>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1	382.12
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	3		2	0	1	1													
382.12																						
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 36001 City FT. LAUDERDALE State FL Zip Code 33360 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00038 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>393.70</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1	393.70
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	3		2	0	1	1													
393.70																						

SUBTOTAL of Disbursements This Page (optional) .....

775.82

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 970 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CONTINENTIAL AIRLINES	<b>Transaction ID:</b> 2011M02L21A00038M <b>Date of Disbursement</b>																				
Mailing Address 600 JEFFERSON ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City HOUSTON State TX Zip Code 77012	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE	<table border="1"> <tr> <td colspan="10">393.70</td> </tr> </table>	393.70																			
393.70																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00039 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE	<table border="1"> <tr> <td colspan="10">394.80</td> </tr> </table>	394.80																			
394.80																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) DELTA AIR LINES, INC	<b>Transaction ID:</b> 2011M02L21A00039M <b>Date of Disbursement</b>																				
Mailing Address PO BOX 934946	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City ATLANTA State GA Zip Code 31193	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE	<table border="1"> <tr> <td colspan="10">394.80</td> </tr> </table>	394.80																			
394.80																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

394.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 971 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00040 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">397.40</td> </tr> </table>	397.40																			
397.40																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) DELTA AIR LINES, INC	<b>Transaction ID:</b> 2011M02L21A00040M <b>Date of Disbursement</b>																				
Mailing Address PO BOX 934946	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City ATLANTA State GA Zip Code 31193	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">397.40</td> </tr> </table>	397.40																			
397.40																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00041 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">419.40</td> </tr> </table>	419.40																			
419.40																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**816.80**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 972 / 1391

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) DELTA AIR LINES, INC	<b>Transaction ID:</b> 2011M02L21A00041M <b>Date of Disbursement</b>
Mailing Address PO BOX 934946	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City ATLANTA State GA Zip Code 31193	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement AIR FARE Candidate Name	<div> <div>419.40</div> <div>[MEMO ITEM]</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00042 <b>Date of Disbursement</b>
Mailing Address PO BOX 36001	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 1 1</div> </div>
City FT. LAUDERDALE State FL Zip Code 33360	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement AIR FARE Candidate Name	<div> <div>433.40</div> <div>[MEMO ITEM]</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) UNITED AIRLINES	<b>Transaction ID:</b> 2011M02L21A00042M <b>Date of Disbursement</b>
Mailing Address 1200 E. ALGONQUIN RD ATTN: MINA TAHERI WHQAC	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 1 1</div> </div>
City ELK GROVE State IL Zip Code 60007	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement AIR FARE Candidate Name	<div> <div>433.40</div> <div>[MEMO ITEM]</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

433.40

**TOTAL** This Period (last page this line number only) .....



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 974 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)          UNITED AIRLINES</p> <p>Mailing Address 1200 E. ALGONQUIN RD          ATTN: MINA TAHERI WHQAC</p> <p>City ELK GROVE State IL Zip Code 60007</p> <p>Purpose of Disbursement          AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 2011M02L21A00044M</p> <p>Date of Disbursement          M M / D D / Y Y Y Y          0 1 / 1 3 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period          455.40</p> <p>[MEMO ITEM]</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)          AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 36001</p> <p>City FT. LAUDERDALE State FL Zip Code 33360</p> <p>Purpose of Disbursement          AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 2011M02L21A00045</p> <p>Date of Disbursement          M M / D D / Y Y Y Y          0 1 / 2 6 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period          499.40</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)          DELTA AIR LINES, INC</p> <p>Mailing Address PO BOX 934946</p> <p>City ATLANTA State GA Zip Code 31193</p> <p>Purpose of Disbursement          AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 2011M02L21A00045M</p> <p>Date of Disbursement          M M / D D / Y Y Y Y          0 1 / 2 6 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period          499.40</p> <p>[MEMO ITEM]</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

499.40

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 975 / 1391

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00046 <b>Date of Disbursement</b>
Mailing Address PO BOX 36001	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City FT. LAUDERDALE State FL Zip Code 33360	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement AIR FARE	<div>508.60</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) US AIRWAYS	<b>Transaction ID:</b> 2011M02L21A00046M <b>Date of Disbursement</b>
Mailing Address 4000 E SKY HARBOR BLVD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City PHOENIX State AZ Zip Code 85034	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement AIR FARE	<div>508.60</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00047 <b>Date of Disbursement</b>
Mailing Address PO BOX 36001	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 1 1</div> </div>
City FT. LAUDERDALE State FL Zip Code 33360	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement AIR FARE	<div>510.80</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

1019.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) DELTA AIR LINES, INC Mailing Address PO BOX 934946	<b>Transaction ID:</b> 2011M02L21A00047M <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 1 1</div> </div>
City ATLANTA State GA Zip Code 31193 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>510.80</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 36001 City FT. LAUDERDALE State FL Zip Code 33360 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00048 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>518.70</div>
<b>C.</b> Full Name (Last, First, Middle Initial) UNITED AIRLINES Mailing Address 1200 E. ALGONQUIN RD ATTN: MINA TAHERI WHQAC City ELK GROVE State IL Zip Code 60007 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00048M <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>518.70</div> <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

518.70

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 979 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00052 <b>Date of Disbursement</b>																				
	Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	6		2	0	1	1													
	City FT. LAUDERDALE State FL Zip Code 33360	<b>Amount of Each Disbursement this Period</b>																				
	Purpose of Disbursement AIR FARE	604.20																				
	Candidate Name	Category/ Type																				
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b>	Full Name (Last, First, Middle Initial) HAWAIIAN AIRLINES, INC	<b>Transaction ID:</b> 2011M02L21A00052M <b>Date of Disbursement</b>																				
	Mailing Address PO BOX 29906	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	6		2	0	1	1													
	City HONOLULU State HI Zip Code 96820	<b>Amount of Each Disbursement this Period</b>																				
	Purpose of Disbursement AIR FARE	604.20																				
	Candidate Name	Category/ Type																				
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b>	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00053 <b>Date of Disbursement</b>																				
	Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	3		2	0	1	1													
	City FT. LAUDERDALE State FL Zip Code 33360	<b>Amount of Each Disbursement this Period</b>																				
	Purpose of Disbursement AIR FARE	617.60																				
	Candidate Name	Category/ Type																				
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1221.80

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**[MEMO ITEM]**

**[MEMO ITEM]**

FEC Schedule B ( Form 3X) (Revised 02/2003)



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 981 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00055 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
<table border="1"> <tr> <td>City FT. LAUDERDALE</td> <td>State FL</td> <td>Zip Code 33360</td> </tr> <tr> <td colspan="2">Purpose of Disbursement AIR FARE</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City FT. LAUDERDALE	State FL	Zip Code 33360	Purpose of Disbursement AIR FARE		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>721.40</td> </tr> </table>	721.40											
City FT. LAUDERDALE	State FL	Zip Code 33360																			
Purpose of Disbursement AIR FARE		<input type="text"/> Category/ Type																			
Candidate Name																					
721.40																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES	<b>Transaction ID:</b> 2011M02L21A00055M <b>Date of Disbursement</b>																				
Mailing Address P O BOX 36611	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
<table border="1"> <tr> <td>City DALLAS</td> <td>State TX</td> <td>Zip Code 75235</td> </tr> <tr> <td colspan="2">Purpose of Disbursement AIR FARE</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City DALLAS	State TX	Zip Code 75235	Purpose of Disbursement AIR FARE		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>721.40</td> </tr> </table>	721.40											
City DALLAS	State TX	Zip Code 75235																			
Purpose of Disbursement AIR FARE		<input type="text"/> Category/ Type																			
Candidate Name																					
721.40																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00056 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
<table border="1"> <tr> <td>City FT. LAUDERDALE</td> <td>State FL</td> <td>Zip Code 33360</td> </tr> <tr> <td colspan="2">Purpose of Disbursement AIR FARE</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City FT. LAUDERDALE	State FL	Zip Code 33360	Purpose of Disbursement AIR FARE		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>733.80</td> </tr> </table>	733.80											
City FT. LAUDERDALE	State FL	Zip Code 33360																			
Purpose of Disbursement AIR FARE		<input type="text"/> Category/ Type																			
Candidate Name																					
733.80																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1455.20

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 983 / 1391

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 36001

City State Zip Code  
 FT. LAUDERDALE FL 33360

Purpose of Disbursement  
 AIR FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00058

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 0 1 / 1 3 / 2 0 1 1

Amount of Each Disbursement this Period

773.40

**B.**

Full Name (Last, First, Middle Initial)

UNITED AIRLINES

Mailing Address 1200 E. ALGONQUIN RD  
 ATTN: MINA TAHERI WHQAC

City State Zip Code  
 ELK GROVE IL 60007

Purpose of Disbursement  
 AIR FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00058M

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 0 1 / 1 3 / 2 0 1 1

Amount of Each Disbursement this Period

773.40

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 36001

City State Zip Code  
 FT. LAUDERDALE FL 33360

Purpose of Disbursement  
 AIR FARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00059

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 0 1 / 1 3 / 2 0 1 1

Amount of Each Disbursement this Period

773.40

**SUBTOTAL** of Disbursements This Page (optional) .....

1546.80

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**[MEMO ITEM]**

**[MEMO ITEM]**

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 985 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00061 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	Amount of Each Disbursement this Period <table border="1"> <tr> <td>9</td><td>3</td><td>7</td><td>.</td><td>7</td><td>0</td> </tr> </table>	9	3	7	.	7	0														
9	3	7	.	7	0																
Purpose of Disbursement AIR FARE	<table border="1"> <tr> <td>Category/Type</td> </tr> </table>	Category/Type																			
Category/Type																					
Candidate Name	<table border="1"> <tr> <td>Category/Type</td> </tr> </table>	Category/Type																			
Category/Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) DELTA AIR LINES, INC	<b>Transaction ID:</b> 2011M02L21A00061M <b>Date of Disbursement</b>																				
Mailing Address PO BOX 934946	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City ATLANTA State GA Zip Code 31193	Amount of Each Disbursement this Period <table border="1"> <tr> <td>9</td><td>3</td><td>7</td><td>.</td><td>7</td><td>0</td> </tr> </table>	9	3	7	.	7	0														
9	3	7	.	7	0																
Purpose of Disbursement AIR FARE	<table border="1"> <tr> <td>Category/Type</td> </tr> </table>	Category/Type																			
Category/Type																					
Candidate Name	<table border="1"> <tr> <td>Category/Type</td> </tr> </table>	Category/Type																			
Category/Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00062 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>0</td><td>0</td><td>.</td><td>6</td><td>8</td> </tr> </table>	1	0	0	.	6	8														
1	0	0	.	6	8																
Purpose of Disbursement AIR FARE	<table border="1"> <tr> <td>Category/Type</td> </tr> </table>	Category/Type																			
Category/Type																					
Candidate Name	<table border="1"> <tr> <td>Category/Type</td> </tr> </table>	Category/Type																			
Category/Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**1944.50**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 986 / 1391

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES Mailing Address P O BOX 36611	<b>Transaction ID:</b> 2011M02L21A00062M <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 1 1</div> </div>
City DALLAS State TX Zip Code 75235 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1006.80</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 36001 City FT. LAUDERDALE State FL Zip Code 33360 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00063 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1018.10</div>
<b>C.</b> Full Name (Last, First, Middle Initial) UNITED AIRLINES Mailing Address 1200 E. ALGONQUIN RD ATTN: MINA TAHERI WHQAC City ELK GROVE State IL Zip Code 60007 Purpose of Disbursement AIR FARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00063M <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1018.10</div> <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

1018.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 987 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00064 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">1093.40</td> </tr> </table>	1093.40																			
1093.40																					
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) US AIRWAYS	<b>Transaction ID:</b> 2011M02L21A00064M <b>Date of Disbursement</b>																				
Mailing Address 4000 E SKY HARBOR BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City PHOENIX State AZ Zip Code 85034	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">1093.40</td> </tr> </table>	1093.40																			
1093.40																					
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00065 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">1123.66</td> </tr> </table>	1123.66																			
1123.66																					
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**2217.06**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 988 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<p><b>A.</b> Full Name (Last, First, Middle Initial)  <b>AMERICAN AIRLINES, INC</b></p> <hr/> <p>Mailing Address <b>CC BILLING/ATTN: J GARDNER</b>  <b>PO BOX 582820 MD766</b></p> <hr/> <p>City <b>TULSA</b> State <b>OK</b> Zip Code <b>74158</b></p> <hr/> <p>Purpose of Disbursement  <b>AIR FARE</b></p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00065M  <b>Date of Disbursement</b>  <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M</span> <span>D D</span> <span>Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>0 1</span> <span>1 3</span> <span>2 0 1 1</span> </div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period  <div style="border: 1px solid black; padding: 2px; text-align: center;">1123.66</div> </p> <hr/> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial)  <b>AMERICAN EXPRESS</b></p> <hr/> <p>Mailing Address <b>PO BOX 36001</b></p> <hr/> <p>City <b>FT. LAUDERDALE</b> State <b>FL</b> Zip Code <b>33360</b></p> <hr/> <p>Purpose of Disbursement  <b>AIR FARE</b></p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00066  <b>Date of Disbursement</b>  <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M</span> <span>D D</span> <span>Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>0 1</span> <span>1 3</span> <span>2 0 1 1</span> </div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period  <div style="border: 1px solid black; padding: 2px; text-align: center;">1132.80</div> </p> <hr/> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial)  <b>SOUTHWEST AIRLINES</b></p> <hr/> <p>Mailing Address <b>P O BOX 36611</b></p> <hr/> <p>City <b>DALLAS</b> State <b>TX</b> Zip Code <b>75235</b></p> <hr/> <p>Purpose of Disbursement  <b>AIR FARE</b></p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00066M  <b>Date of Disbursement</b>  <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M</span> <span>D D</span> <span>Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>0 1</span> <span>1 3</span> <span>2 0 1 1</span> </div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period  <div style="border: 1px solid black; padding: 2px; text-align: center;">1132.80</div> </p> <hr/> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**1132.80**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 989 / 1391

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00067 <b>Date of Disbursement</b>
Mailing Address PO BOX 36001	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City FT. LAUDERDALE State FL Zip Code 33360	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement AIR FARE	<div>1168.40</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) US AIRWAYS	<b>Transaction ID:</b> 2011M02L21A00067M <b>Date of Disbursement</b>
Mailing Address 4000 E SKY HARBOR BLVD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City PHOENIX State AZ Zip Code 85034	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement AIR FARE	<div>1168.40</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00068 <b>Date of Disbursement</b>
Mailing Address PO BOX 36001	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City FT. LAUDERDALE State FL Zip Code 33360	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement AIR FARE	<div>1213.60</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**2382.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 990 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES	<b>Transaction ID:</b> 2011M02L21A00068M <b>Date of Disbursement</b>																				
Mailing Address P O BOX 36611	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">1213.60</td> </tr> </table>	1213.60																			
1213.60																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00069 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">1273.20</td> </tr> </table>	1273.20																			
1273.20																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) UNITED AIRLINES	<b>Transaction ID:</b> 2011M02L21A00069M <b>Date of Disbursement</b>																				
Mailing Address 1200 E. ALGONQUIN RD ATTN: MINA TAHERI WHQAC	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City ELK GROVE State IL Zip Code 60007	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">1273.20</td> </tr> </table>	1273.20																			
1273.20																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1273.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 991 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00070 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1</td><td>4</td><td>2</td><td>9</td><td>.</td><td>0</td><td>0</td> </tr> </table>	1	4	2	9	.	0	0													
1	4	2	9	.	0	0															
Purpose of Disbursement AIR FARE Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) DELTA AIR LINES, INC	<b>Transaction ID:</b> 2011M02L21A00070M <b>Date of Disbursement</b>																				
Mailing Address PO BOX 934946	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City ATLANTA State GA Zip Code 31193	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1</td><td>4</td><td>2</td><td>9</td><td>.</td><td>0</td><td>0</td> </tr> </table>	1	4	2	9	.	0	0													
1	4	2	9	.	0	0															
Purpose of Disbursement AIR FARE Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00071 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1</td><td>4</td><td>3</td><td>9</td><td>.</td><td>9</td><td>0</td> </tr> </table>	1	4	3	9	.	9	0													
1	4	3	9	.	9	0															
Purpose of Disbursement AIR FARE Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**2868.90**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) US AIRWAYS	<b>Transaction ID:</b> 2011M02L21A00071M <b>Date of Disbursement</b>
Mailing Address 4000 E SKY HARBOR BLVD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City PHOENIX State AZ Zip Code 85034	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement AIR FARE Candidate Name	<div>1439.90</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <b>[MEMO ITEM]</b>            Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </div>
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00072 <b>Date of Disbursement</b>
Mailing Address PO BOX 36001	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City FT. LAUDERDALE State FL Zip Code 33360	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement AIR FARE Candidate Name	<div>1633.48</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div>           Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </div>
<b>C.</b> Full Name (Last, First, Middle Initial) US AIRWAYS	<b>Transaction ID:</b> 2011M02L21A00072M <b>Date of Disbursement</b>
Mailing Address 4000 E SKY HARBOR BLVD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City PHOENIX State AZ Zip Code 85034	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement AIR FARE Candidate Name	<div>1633.48</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <b>[MEMO ITEM]</b>            Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </div>

**SUBTOTAL** of Disbursements This Page (optional) .....

1633.48

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00073 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360 Purpose of Disbursement AIR FARE Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>6</td><td>4</td><td>7</td><td>.</td><td>5</td><td>0</td> </tr> </table>	1	6	4	7	.	5	0													
1	6	4	7	.	5	0															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) US AIRWAYS	<b>Transaction ID:</b> 2011M02L21A00073M <b>Date of Disbursement</b>																				
Mailing Address 4000 E SKY HARBOR BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City PHOENIX State AZ Zip Code 85034 Purpose of Disbursement AIR FARE Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>6</td><td>4</td><td>7</td><td>.</td><td>5</td><td>0</td> </tr> </table>	1	6	4	7	.	5	0													
1	6	4	7	.	5	0															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type  <b>[MEMO ITEM]</b>																				
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00074 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360 Purpose of Disbursement AIR FARE Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>8</td><td>9</td><td>7</td><td>.</td><td>8</td><td>0</td> </tr> </table>	1	8	9	7	.	8	0													
1	8	9	7	.	8	0															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3545.30**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) DELTA AIR LINES, INC	<b>Transaction ID:</b> 2011M02L21A00074M <b>Date of Disbursement</b>
Mailing Address PO BOX 934946	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City ATLANTA State GA Zip Code 31193	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement AIR FARE	<div>1897.80</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00075 <b>Date of Disbursement</b>
Mailing Address PO BOX 36001	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City FT. LAUDERDALE State FL Zip Code 33360	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement AIR FARE	<div>2320.20</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
<b>C.</b> Full Name (Last, First, Middle Initial) UNITED AIRLINES	<b>Transaction ID:</b> 2011M02L21A00075M <b>Date of Disbursement</b>
Mailing Address 1200 E. ALGONQUIN RD ATTN: MINA TAHERI WHQAC	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City ELK GROVE State IL Zip Code 60007	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement AIR FARE	<div>2320.20</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

2320.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00076 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2</td><td>3</td><td>8</td><td>3</td><td>.</td><td>9</td><td>0</td> </tr> </table>	2	3	8	3	.	9	0													
2	3	8	3	.	9	0															
Purpose of Disbursement AIR FARE	<table border="1"> <tr> <td>Category/Type</td> </tr> </table>	Category/Type																			
Category/Type																					
Candidate Name	<table border="1"> <tr> <td>Category/Type</td> </tr> </table>	Category/Type																			
Category/Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) UNITED AIRLINES	<b>Transaction ID:</b> 2011M02L21A00076M <b>Date of Disbursement</b>																				
Mailing Address 1200 E. ALGONQUIN RD ATTN: MINA TAHERI WHQAC	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City ELK GROVE State IL Zip Code 60007	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2</td><td>3</td><td>8</td><td>3</td><td>.</td><td>9</td><td>0</td> </tr> </table>	2	3	8	3	.	9	0													
2	3	8	3	.	9	0															
Purpose of Disbursement AIR FARE	<table border="1"> <tr> <td>Category/Type</td> </tr> </table>	Category/Type																			
Category/Type																					
Candidate Name	<table border="1"> <tr> <td>Category/Type</td> </tr> </table>	Category/Type																			
Category/Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00077 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2</td><td>4</td><td>6</td><td>2</td><td>.</td><td>2</td><td>0</td> </tr> </table>	2	4	6	2	.	2	0													
2	4	6	2	.	2	0															
Purpose of Disbursement AIR FARE	<table border="1"> <tr> <td>Category/Type</td> </tr> </table>	Category/Type																			
Category/Type																					
Candidate Name	<table border="1"> <tr> <td>Category/Type</td> </tr> </table>	Category/Type																			
Category/Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**4846.10**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**[MEMO ITEM]**

**[MEMO ITEM]**

FEC Schedule B (Form 3X) (Revised 02/2003)



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 997 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00079 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	Amount of Each Disbursement this Period <table border="1"> <tr> <td>89.70</td> </tr> </table>	89.70																			
89.70																					
Purpose of Disbursement CATERING SERVICES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) EDIBLE ARRANGEMENTS #524	<b>Transaction ID:</b> 2011M02L21A00079M <b>Date of Disbursement</b>																				
Mailing Address 911 N QUINCY ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City ARLINGTON State VA Zip Code 22203	Amount of Each Disbursement this Period <table border="1"> <tr> <td>89.70</td> </tr> </table>	89.70																			
89.70																					
Purpose of Disbursement CATERING SERVICES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00080 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1995.00</td> </tr> </table>	1995.00																			
1995.00																					
Purpose of Disbursement CATERING SERVICES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2084.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 998 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**SONOMA, WASHINGTON DC**

Mailing Address **223 PENNSLYVANIA AVE, SE**

City **WASHINGTON** State **DC** Zip Code **20003**

Purpose of Disbursement  
**CATERING SERVICES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2011M02L21A00080M  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
**AMERICAN EXPRESS**

Mailing Address **PO BOX 36001**

City **FT. LAUDERDALE** State **FL** Zip Code **33360**

Purpose of Disbursement  
**CATERING SERVICES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2011M02L21A00081  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)  
**DEL MONICO'S RESTAURANT**

Mailing Address **56 BEAVER ST**

City **NEW YORK** State **NY** Zip Code **10004**

Purpose of Disbursement  
**CATERING SERVICES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2011M02L21A00081M  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

**4098.23**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 999 / 1391

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00082 <b>Date of Disbursement</b>
Mailing Address PO BOX 36001	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 1 1</div> </div>
City FT. LAUDERDALE State FL Zip Code 33360	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CATERING SERVICES	<div>8977.50</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) SONOMA, WASHINGTON DC	<b>Transaction ID:</b> 2011M02L21A00082M <b>Date of Disbursement</b>
Mailing Address 223 PENNSLYVANIA AVE, SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 1 1</div> </div>
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CATERING SERVICES	<div>8977.50</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00083 <b>Date of Disbursement</b>
Mailing Address PO BOX 36001	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 1 1</div> </div>
City FT. LAUDERDALE State FL Zip Code 33360	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement FUNDRAISING ADVERTISING	<div>100.75</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

9078.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1000 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) FACEBOOK	<b>Transaction ID:</b> 2011M02L21A00083M <b>Date of Disbursement</b>																				
Mailing Address 151 UNIVERSITY AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City PALO ALTO State CA Zip Code 94301 Purpose of Disbursement FUNDRAISING ADVERTISING Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">100.75</td> </tr> </table>	100.75																			
100.75																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]																				
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00084 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360 Purpose of Disbursement FUNDRAISING ADVERTISING Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">438.45</td> </tr> </table>	438.45																			
438.45																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>C.</b> Full Name (Last, First, Middle Initial) GOOGLE, INC	<b>Transaction ID:</b> 2011M02L21A00084M <b>Date of Disbursement</b>																				
Mailing Address 1600 AMPHITHEATRE PKWY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City MOUNTAIN VIEW State CA Zip Code 94043 Purpose of Disbursement FUNDRAISING ADVERTISING Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">438.45</td> </tr> </table>	438.45																			
438.45																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]																				

**SUBTOTAL** of Disbursements This Page (optional) .....

438.45

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1001 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 36001	<b>Transaction ID:</b> 2011M02L21A00085 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 1 1</div> </div>
City FT. LAUDERDALE State FL Zip Code 33360 Purpose of Disbursement FUNDRAISING ADVERTISING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>500.00</div> <div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) GOOGLE, INC Mailing Address 1600 AMPHITHEATRE PKWY City MOUNTAIN VIEW State CA Zip Code 94043 Purpose of Disbursement FUNDRAISING ADVERTISING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00085M <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>500.00</div> <div>Category/Type</div> <p><b>[MEMO ITEM]</b></p>
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 36001 City FT. LAUDERDALE State FL Zip Code 33360 Purpose of Disbursement FUNDRAISING ADVERTISING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00086 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>500.00</div> <div>Category/Type</div>
<b>SUBTOTAL of Disbursements This Page (optional)</b> ..... ► <div>1000.00</div>	
<b>TOTAL This Period (last page this line number only)</b> ..... ►	

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1003 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00088 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360 Purpose of Disbursement FUNDRAISING ADVERTISING Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>5</td><td>2</td><td>3</td><td>7</td><td>.</td><td>1</td><td>4</td> </tr> </table>	5	2	3	7	.	1	4													
5	2	3	7	.	1	4															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) FACEBOOK	<b>Transaction ID:</b> 2011M02L21A00088M <b>Date of Disbursement</b>																				
Mailing Address 151 UNIVERSITY AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City PALO ALTO State CA Zip Code 94301 Purpose of Disbursement FUNDRAISING ADVERTISING Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>5</td><td>2</td><td>3</td><td>7</td><td>.</td><td>1</td><td>4</td> </tr> </table>	5	2	3	7	.	1	4													
5	2	3	7	.	1	4															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00089 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360 Purpose of Disbursement INTERNET SERVICES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>9</td><td>.</td><td>9</td><td>5</td> </tr> </table>	1	9	.	9	5															
1	9	.	9	5																	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5257.09

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1004 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) NING, INC	<b>Transaction ID:</b> 2011M02L21A00089M <b>Date of Disbursement</b>																				
Mailing Address 735 EMERSON ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City PALO ALTO State CA Zip Code 94301	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement INTERNET SERVICES	<table border="1"> <tr> <td>19.95</td> </tr> </table>	19.95																			
19.95																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00090 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement INTERNET SERVICES	<table border="1"> <tr> <td>19.95</td> </tr> </table>	19.95																			
19.95																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					
<b>C.</b> Full Name (Last, First, Middle Initial) NING, INC	<b>Transaction ID:</b> 2011M02L21A00090M <b>Date of Disbursement</b>																				
Mailing Address 735 EMERSON ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City PALO ALTO State CA Zip Code 94301	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement INTERNET SERVICES	<table border="1"> <tr> <td>19.95</td> </tr> </table>	19.95																			
19.95																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					

**SUBTOTAL** of Disbursements This Page (optional) .....

19.95

**TOTAL** This Period (last page this line number only) .....



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1006 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>USTREAM.TV</b>	<b>Transaction ID:</b> 2011M02L21A00092M <b>Date of Disbursement</b>
Mailing Address <b>475 BRANNAN ST SUITE 410</b>	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 1 1</div> </div>
City <b>SAN FRANCISCO</b> State <b>CA</b> Zip Code <b>94107</b>	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement <b>INTERNET SERVICES</b>	<div> <div></div> <div>49.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) <b>AMERICAN EXPRESS</b>	<b>Transaction ID:</b> 2011M02L21A00093 <b>Date of Disbursement</b>
Mailing Address <b>PO BOX 36001</b>	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 1 1</div> </div>
City <b>FT. LAUDERDALE</b> State <b>FL</b> Zip Code <b>33360</b>	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement <b>INTERNET SERVICES</b>	<div> <div></div> <div>49.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) <b>USTREAM.TV</b>	<b>Transaction ID:</b> 2011M02L21A00093M <b>Date of Disbursement</b>
Mailing Address <b>475 BRANNAN ST SUITE 410</b>	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 1 1</div> </div>
City <b>SAN FRANCISCO</b> State <b>CA</b> Zip Code <b>94107</b>	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement <b>INTERNET SERVICES</b>	<div> <div></div> <div>49.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**49.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1007 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00094 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	Amount of Each Disbursement this Period <table border="1"> <tr> <td>99.00</td> </tr> </table>	99.00																			
99.00																					
Purpose of Disbursement INTERNET SERVICES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) GOTOWEBINAR	<b>Transaction ID:</b> 2011M02L21A00094M <b>Date of Disbursement</b>																				
Mailing Address 5385 HOLLISTER AVE #111	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City SANTA BARBARA State CA Zip Code 93111	Amount of Each Disbursement this Period <table border="1"> <tr> <td>99.00</td> </tr> </table>	99.00																			
99.00																					
Purpose of Disbursement INTERNET SERVICES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00095 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	Amount of Each Disbursement this Period <table border="1"> <tr> <td>99.00</td> </tr> </table>	99.00																			
99.00																					
Purpose of Disbursement INTERNET SERVICES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

198.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1008 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) GOTOWEBINAR <hr/> Mailing Address 5385 HOLLISTER AVE #111 <hr/> City SANTA BARBARA State CA Zip Code 93111 <hr/> Purpose of Disbursement INTERNET SERVICES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00095M <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">99.00</div> <b>[MEMO ITEM]</b>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS <hr/> Mailing Address PO BOX 36001 <hr/> City FT. LAUDERDALE State FL Zip Code 33360 <hr/> Purpose of Disbursement INTERNET SERVICES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00096 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">1771.58</div> <b>[MEMO ITEM]</b>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
<b>C.</b> Full Name (Last, First, Middle Initial) GRANDSTREAM NETWORKS, INC. <hr/> Mailing Address 1297 BEACON STREET <hr/> City BROOKLINE State MA Zip Code 02446 <hr/> Purpose of Disbursement INTERNET SERVICES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00096M <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">1771.58</div> <b>[MEMO ITEM]</b>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1771.58

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1009 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00097 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LATE FEES	<table border="1"> <tr> <td colspan="10">6667.48</td> </tr> </table>	6667.48																			
6667.48																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00098 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td colspan="10">38.96</td> </tr> </table>	38.96																			
38.96																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MARRIOTT-ORLANDO	<b>Transaction ID:</b> 2011M02L21A00098M <b>Date of Disbursement</b>																				
Mailing Address 8701 WORLD CENTER DR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City ORLANDO State FL Zip Code 32821	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td colspan="10">38.96</td> </tr> </table>	38.96																			
38.96																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional) .....

6706.44

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1010 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 36001

City State Zip Code  
 FT. LAUDERDALE FL 33360

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00099

Date of Disbursement

/   /

Amount of Each Disbursement this Period

145.55

**B.**

Full Name (Last, First, Middle Initial)

INDIANAPOLIS MARRIOTT

Mailing Address 350 WEST MARYLAND ST

City State Zip Code  
 INDIANAPOLIS IN 46225

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00099M

Date of Disbursement

/   /

Amount of Each Disbursement this Period

145.55

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 36001

City State Zip Code  
 FT. LAUDERDALE FL 33360

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00100

Date of Disbursement

/   /

Amount of Each Disbursement this Period

189.28

**SUBTOTAL** of Disbursements This Page (optional) .....

334.83

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1012 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00102 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	Amount of Each Disbursement this Period <table border="1"> <tr> <td>5</td><td>9</td><td>8</td><td>.</td><td>3</td><td>2</td> </tr> </table>	5	9	8	.	3	2														
5	9	8	.	3	2																
Purpose of Disbursement LODGING Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) BEST WESTERN-CALDWELL, ID	<b>Transaction ID:</b> 2011M02L21A00102M <b>Date of Disbursement</b>																				
Mailing Address 908 SPECHT AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City CALDWELL State ID Zip Code 83605	Amount of Each Disbursement this Period <table border="1"> <tr> <td>5</td><td>9</td><td>8</td><td>.</td><td>3</td><td>2</td> </tr> </table>	5	9	8	.	3	2														
5	9	8	.	3	2																
Purpose of Disbursement LODGING Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00103 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	Amount of Each Disbursement this Period <table border="1"> <tr> <td>7</td><td>6</td><td>2</td><td>.</td><td>1</td><td>8</td> </tr> </table>	7	6	2	.	1	8														
7	6	2	.	1	8																
Purpose of Disbursement LODGING Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**1360.50**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1013 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) BW KELLY INN SUITES	<b>Transaction ID:</b> 2011M02L21A00103M <b>Date of Disbursement</b>																				
Mailing Address 1767 44TH ST, S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FARGO State ND Zip Code 58103	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>762.18</td> </tr> </table>	762.18																			
762.18																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00104 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>937.33</td> </tr> </table>	937.33																			
937.33																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
<b>C.</b> Full Name (Last, First, Middle Initial) FAIRFIELD INN-BISMARCK, ND	<b>Transaction ID:</b> 2011M02L21A00104M <b>Date of Disbursement</b>																				
Mailing Address 1120 E CENTURY AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City BISMARCK State ND Zip Code 58503	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>937.33</td> </tr> </table>	937.33																			
937.33																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					

**SUBTOTAL** of Disbursements This Page (optional) .....

937.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1014 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00105 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
<table border="1"> <tr> <td>City FT. LAUDERDALE</td> <td>State FL</td> <td>Zip Code 33360</td> </tr> <tr> <td colspan="2">Purpose of Disbursement LODGING</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City FT. LAUDERDALE	State FL	Zip Code 33360	Purpose of Disbursement LODGING		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>941.04</td> </tr> </table>	941.04											
City FT. LAUDERDALE	State FL	Zip Code 33360																			
Purpose of Disbursement LODGING		<input type="text"/> Category/ Type																			
Candidate Name																					
941.04																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CROWNE PLAZA, BILLINGS MT	<b>Transaction ID:</b> 2011M02L21A00105M <b>Date of Disbursement</b>																				
Mailing Address 27 NORTH 27TH ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
<table border="1"> <tr> <td>City BILLINGS</td> <td>State MT</td> <td>Zip Code 59101</td> </tr> <tr> <td colspan="2">Purpose of Disbursement LODGING</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City BILLINGS	State MT	Zip Code 59101	Purpose of Disbursement LODGING		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>941.04</td> </tr> </table>	941.04											
City BILLINGS	State MT	Zip Code 59101																			
Purpose of Disbursement LODGING		<input type="text"/> Category/ Type																			
Candidate Name																					
941.04																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00106 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
<table border="1"> <tr> <td>City FT. LAUDERDALE</td> <td>State FL</td> <td>Zip Code 33360</td> </tr> <tr> <td colspan="2">Purpose of Disbursement LODGING</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City FT. LAUDERDALE	State FL	Zip Code 33360	Purpose of Disbursement LODGING		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>982.96</td> </tr> </table>	982.96											
City FT. LAUDERDALE	State FL	Zip Code 33360																			
Purpose of Disbursement LODGING		<input type="text"/> Category/ Type																			
Candidate Name																					
982.96																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1924.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1015 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
MARRIOTT, SALT LAKE CITY UT

Mailing Address 75 S WEST TEMPLE

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00106M

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	1

Amount of Each Disbursement this Period

982.96

**[MEMO ITEM]****B.**Full Name (Last, First, Middle Initial)  
AMERICAN EXPRESS

Mailing Address PO BOX 36001

City FT. LAUDERDALE State FL Zip Code 33360

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00107

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	1

Amount of Each Disbursement this Period

989.36

**C.**Full Name (Last, First, Middle Initial)  
HAMPTON INN-BENNINGTON, VT

Mailing Address 51 HANNAFORD SQ

City BENNINGTON State VT Zip Code 05201

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00107M

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	1

Amount of Each Disbursement this Period

989.36

**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) .....

989.36

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1016 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 36001

City State Zip Code  
 FT. LAUDERDALE FL 33360

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00108

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1040.68

**B.**

Full Name (Last, First, Middle Initial)

HILTON ANAHEIM & TOWERS

Mailing Address 777 W CONVENTION WAY

City State Zip Code  
 ANAHEIM CA 92802

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00108M

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1040.68

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 36001

City State Zip Code  
 FT. LAUDERDALE FL 33360

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00109

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1066.24

**SUBTOTAL** of Disbursements This Page (optional) .....

2106.92

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1019 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SAINT BRENDAN'S INN	<b>Transaction ID:</b> 2011M02L21A00112M <b>Date of Disbursement</b>																				
Mailing Address 234 S WASHINGTON ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City GREEN BAY State WI Zip Code 54301	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td colspan="10">1351.82</td> </tr> </table>	1351.82																			
1351.82																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>[MEMO ITEM]</b>																				
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00113 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td colspan="10">1354.24</td> </tr> </table>	1354.24																			
1354.24																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) COURTYARD - LANCASTER, PA	<b>Transaction ID:</b> 2011M02L21A00113M <b>Date of Disbursement</b>																				
Mailing Address 1931 HOSPITALITY DR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City LANCASTER State PA Zip Code 17601	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td colspan="10">1354.24</td> </tr> </table>	1354.24																			
1354.24																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>[MEMO ITEM]</b>																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1354.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1020 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 36001

City State Zip Code  
 FT. LAUDERDALE FL 33360

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00114

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1392.16

**B.**

Full Name (Last, First, Middle Initial)

HOMEWOOD SUITES-FRESNO

Mailing Address 6820 N FRESNO ST

City State Zip Code  
 FRESNO CA 93710

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00114M

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1392.16

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 36001

City State Zip Code  
 FT. LAUDERDALE FL 33360

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00115

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1620.84

**SUBTOTAL** of Disbursements This Page (optional) .....

3013.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1021 / 1391

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MARRIOTT, ALBUQUERQUE NM	<b>Transaction ID:</b> 2011M02L21A00115M <b>Date of Disbursement</b>
Mailing Address 5151 SAN FRANCISCO DR	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City ALBUQUERQUE State NM Zip Code 87109	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement LODGING	<div>1620.84</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00116 <b>Date of Disbursement</b>
Mailing Address PO BOX 36001	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City FT. LAUDERDALE State FL Zip Code 33360	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement LODGING	<div>1644.26</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) THE VENETIAN RESORT HOTEL, NV	<b>Transaction ID:</b> 2011M02L21A00116M <b>Date of Disbursement</b>
Mailing Address 3355 LAS VEGAS BLVD S	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City LAS VEGAS State NV Zip Code 89109	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement LODGING	<div>1644.26</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

1644.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1022 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 36001

City State Zip Code  
 FT. LAUDERDALE FL 33360

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00117

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1810.99

**B.**

Full Name (Last, First, Middle Initial)

MARRIOTT-SOUTH PORTLAND

Mailing Address 200 SABLE OAKS DR

City State Zip Code  
 SOUTH PORTLAND ME 04106

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00117M

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1810.99

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 36001

City State Zip Code  
 FT. LAUDERDALE FL 33360

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00118

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1907.50

**SUBTOTAL** of Disbursements This Page (optional) .....

3718.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1023 / 1391

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 MARRIOTT HOTEL - COLUMBUS

Mailing Address 1375 N CASSADY AVE

City State Zip Code  
 COLUMBUS OH 43219

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00118M  
 Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 0 1 / 1 3 / 2 0 1 1

Amount of Each Disbursement this Period

1907.50

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
 AMERICAN EXPRESS

Mailing Address PO BOX 36001

City State Zip Code  
 FT. LAUDERDALE FL 33360

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00119  
 Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 0 1 / 2 6 / 2 0 1 1

Amount of Each Disbursement this Period

1959.21

**C.** Full Name (Last, First, Middle Initial)  
 CAPITOL HILL SUITES

Mailing Address 200 C. STREET SE

City State Zip Code  
 WASHINGTON DC 20003

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00119M  
 Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 0 1 / 2 6 / 2 0 1 1

Amount of Each Disbursement this Period

1959.21

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

1959.21

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1024 / 1391

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 36001	<b>Transaction ID:</b> 2011M02L21A00120 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City FT. LAUDERDALE State FL Zip Code 33360 Purpose of Disbursement LODGING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>2145.91</div>
<b>B.</b> Full Name (Last, First, Middle Initial) RENAISSANCE HOTEL - CLEVELAND Mailing Address 24 PUBLIC SQ City CLEVELAND State OH Zip Code 44113 Purpose of Disbursement LODGING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00120M <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2145.91</div> <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 36001 City FT. LAUDERDALE State FL Zip Code 33360 Purpose of Disbursement LODGING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00121 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2468.11</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**4614.02**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1026 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00123 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	Amount of Each Disbursement this Period <table border="1"> <tr> <td>3</td><td>1</td><td>0</td><td>8</td><td>.</td><td>7</td><td>5</td> </tr> </table>	3	1	0	8	.	7	5													
3	1	0	8	.	7	5															
Purpose of Disbursement LODGING																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CAPITOL HILL SUITES	<b>Transaction ID:</b> 2011M02L21A00123M <b>Date of Disbursement</b>																				
Mailing Address 200 C. STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period <table border="1"> <tr> <td>3</td><td>1</td><td>0</td><td>8</td><td>.</td><td>7</td><td>5</td> </tr> </table>	3	1	0	8	.	7	5													
3	1	0	8	.	7	5															
Purpose of Disbursement LODGING																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00124 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	Amount of Each Disbursement this Period <table border="1"> <tr> <td>3</td><td>1</td><td>7</td><td>4</td><td>.</td><td>5</td><td>2</td> </tr> </table>	3	1	7	4	.	5	2													
3	1	7	4	.	5	2															
Purpose of Disbursement LODGING																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**6283.27**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1027 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 GAYLORD NATIONAL RESORT

Mailing Address 2806 OPRYLAND DR

City State Zip Code  
 NASHVILLE TN 37214

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00124M  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
 AMERICAN EXPRESS

Mailing Address PO BOX 36001

City State Zip Code  
 FT. LAUDERDALE FL 33360

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00125  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)  
 INDIANAPOLIS MARRIOTT

Mailing Address 350 WEST MARYLAND ST

City State Zip Code  
 INDIANAPOLIS IN 46225

Purpose of Disbursement  
 LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00125M  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1028 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<p><b>A.</b> Full Name (Last, First, Middle Initial)  <b>AMERICAN EXPRESS</b></p> <p>Mailing Address <b>PO BOX 36001</b></p> <p>City <b>FT. LAUDERDALE</b> State <b>FL</b> Zip Code <b>33360</b></p> <p>Purpose of Disbursement  <b>LODGING</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00126  <b>Date of Disbursement</b>  <div> <div>01</div> <div>13</div> <div>2011</div> </div></p> <p>Amount of Each Disbursement this Period  <div>3494.53</div></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial)  <b>HYATT REGENCY - LOS ANGELES</b></p> <p>Mailing Address <b>2025 AVENUE OF THE STARS</b></p> <p>City <b>LOS ANGELES</b> State <b>CA</b> Zip Code <b>90067</b></p> <p>Purpose of Disbursement  <b>LODGING</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00126M  <b>Date of Disbursement</b>  <div> <div>01</div> <div>13</div> <div>2011</div> </div></p> <p>Amount of Each Disbursement this Period  <div>3494.53</div></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial)  <b>AMERICAN EXPRESS</b></p> <p>Mailing Address <b>PO BOX 36001</b></p> <p>City <b>FT. LAUDERDALE</b> State <b>FL</b> Zip Code <b>33360</b></p> <p>Purpose of Disbursement  <b>LODGING</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00127  <b>Date of Disbursement</b>  <div> <div>01</div> <div>13</div> <div>2011</div> </div></p> <p>Amount of Each Disbursement this Period  <div>3567.31</div></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**7061.84**

**TOTAL** This Period (last page this line number only) .....



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**[MEMO ITEM]**

**[MEMO ITEM]**

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1030 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 36001

City State Zip Code  
 FT. LAUDERDALE FL 33360

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00129

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.12

**B.**

Full Name (Last, First, Middle Initial)

APPLEBEE'S-CHEHALIS, WA

Mailing Address 1670 NW LOUSIANA AVE

City State Zip Code  
 CHEHALIS WA 98532

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00129M

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.12

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 36001

City State Zip Code  
 FT. LAUDERDALE FL 33360

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00130

Date of Disbursement

/   /

Amount of Each Disbursement this Period

27.54

**SUBTOTAL** of Disbursements This Page (optional) .....

52.66

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**[MEMO ITEM]**

**[MEMO ITEM]**

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1032 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00132 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	Amount of Each Disbursement this Period <table border="1"> <tr> <td>48.29</td> </tr> </table>	48.29																			
48.29																					
Purpose of Disbursement MEALS Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) TORTILLA COAST, WASHINGTON DC	<b>Transaction ID:</b> 2011M02L21A00132M <b>Date of Disbursement</b>																				
Mailing Address 400 FIRST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20016	Amount of Each Disbursement this Period <table border="1"> <tr> <td>48.29</td> </tr> </table>	48.29																			
48.29																					
Purpose of Disbursement MEALS Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00133 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	Amount of Each Disbursement this Period <table border="1"> <tr> <td>89.37</td> </tr> </table>	89.37																			
89.37																					
Purpose of Disbursement MEALS Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

137.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1033 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CRACKER BARRELL-LOUISVILLE, KY	<b>Transaction ID:</b> 2011M02L21A00133M <b>Date of Disbursement</b>																				
Mailing Address 10150 BROOKRIDGE VLG BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City LOUISVILLE State KY Zip Code 40291	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">89.37</td> </tr> </table>	89.37																			
89.37																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00134 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">95.94</td> </tr> </table>	95.94																			
95.94																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
<b>C.</b> Full Name (Last, First, Middle Initial) ARMAND'S CHICAGO PIZZERIA	<b>Transaction ID:</b> 2011M02L21A00134M <b>Date of Disbursement</b>																				
Mailing Address 226 MASSACHUSETTS AVE, NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">95.94</td> </tr> </table>	95.94																			
95.94																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					

**SUBTOTAL** of Disbursements This Page (optional) .....

95.94

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1035 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MONTANAS RIB CHOP HOUSE	<b>Transaction ID:</b> 2011M02L21A00136M <b>Date of Disbursement</b>																				
Mailing Address 1849 MAJESTIC LN	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City BILLINGS State MT Zip Code 29102	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS Candidate Name	<table border="1"> <tr> <td colspan="10">182.50</td> </tr> </table>	182.50																			
182.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00137 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS Candidate Name	<table border="1"> <tr> <td colspan="10">280.35</td> </tr> </table>	280.35																			
280.35																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
<b>C.</b> Full Name (Last, First, Middle Initial) FRANK FAT	<b>Transaction ID:</b> 2011M02L21A00137M <b>Date of Disbursement</b>																				
Mailing Address 806 L ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City SACRAMENTO State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS Candidate Name	<table border="1"> <tr> <td colspan="10">280.35</td> </tr> </table>	280.35																			
280.35																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					

**SUBTOTAL** of Disbursements This Page (optional) .....

280.35

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1036 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)          AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 36001</p> <p>City FT. LAUDERDALE State FL Zip Code 33360</p> <p>Purpose of Disbursement          MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00138</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>288.06</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	3	/	2	0	1	1	288.06
M	M	/	D	D	/	Y	Y	Y	Y													
0	1	/	1	3	/	2	0	1	1													
288.06																						
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)          THE WRIGHT PLACE ON 6TH</p> <p>Mailing Address 901 N 6TH AVE</p> <p>City WAUSAU State WI Zip Code 54403</p> <p>Purpose of Disbursement          MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00138M</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>288.06</td> </tr> </table> <p><b>[MEMO ITEM]</b></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	3	/	2	0	1	1	288.06
M	M	/	D	D	/	Y	Y	Y	Y													
0	1	/	1	3	/	2	0	1	1													
288.06																						
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)          AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 36001</p> <p>City FT. LAUDERDALE State FL Zip Code 33360</p> <p>Purpose of Disbursement          MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00139</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>362.49</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	3	/	2	0	1	1	362.49
M	M	/	D	D	/	Y	Y	Y	Y													
0	1	/	1	3	/	2	0	1	1													
362.49																						

**SUBTOTAL** of Disbursements This Page (optional) .....

**650.55**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1037 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) THE CATCH RESTAURANT	<b>Transaction ID:</b> 2011M02L21A00139M <b>Date of Disbursement</b>																				
Mailing Address 2100 E KATELLA	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City ANAHEIM State CA Zip Code 92806 Purpose of Disbursement MEALS Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>362.49</td> </tr> </table>	362.49																			
362.49																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]																				
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00140 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360 Purpose of Disbursement MEALS Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>432.85</td> </tr> </table>	432.85																			
432.85																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>C.</b> Full Name (Last, First, Middle Initial) BUCA DI BEPPO ILALIAN, WDC	<b>Transaction ID:</b> 2011M02L21A00140M <b>Date of Disbursement</b>																				
Mailing Address 1825 CONNECTICUT AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20009 Purpose of Disbursement MEALS Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>432.85</td> </tr> </table>	432.85																			
432.85																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]																				

**SUBTOTAL** of Disbursements This Page (optional) .....

432.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1038 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00141 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td>445.99</td> </tr> </table>	445.99																			
445.99																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) KATE MANTILINI	<b>Transaction ID:</b> 2011M02L21A00141M <b>Date of Disbursement</b>																				
Mailing Address 9101 WILSHIRE BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City BEVERLY HILLS State CA Zip Code 90210	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td>445.99</td> </tr> </table>	445.99																			
445.99																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00142 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td>487.70</td> </tr> </table>	487.70																			
487.70																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

933.69

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1039 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) THE OLD CANTEEN	<b>Transaction ID:</b> 2011M02L21A00142M <b>Date of Disbursement</b>																				
Mailing Address 120 ATWELLS AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City PROVIDENCE State RI Zip Code 02903	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">487.70</td> </tr> </table>	487.70																			
487.70																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00143 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">602.20</td> </tr> </table>	602.20																			
602.20																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) PAPA JOHNS, WDC	<b>Transaction ID:</b> 2011M02L21A00143M <b>Date of Disbursement</b>																				
Mailing Address 914 11TH ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">602.20</td> </tr> </table>	602.20																			
602.20																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

602.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1040 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 36001

City State Zip Code  
 FT. LAUDERDALE FL 33360

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00144

Date of Disbursement

/   /

Amount of Each Disbursement this Period

625.10

**B.**

Full Name (Last, First, Middle Initial)

FLEMINGS-FRESNO

Mailing Address 639 E SHAW AVE  
 STE 149

City State Zip Code  
 FRESNO CA 93710

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00144M

Date of Disbursement

/   /

Amount of Each Disbursement this Period

625.10

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 36001

City State Zip Code  
 FT. LAUDERDALE FL 33360

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00145

Date of Disbursement

/   /

Amount of Each Disbursement this Period

652.91

**SUBTOTAL** of Disbursements This Page (optional) .....

1278.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1041 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CHICK FIL A, BALLSTON COMMON	<b>Transaction ID:</b> 2011M02L21A00145M <b>Date of Disbursement</b>																				
Mailing Address 4238 WILSON BLVD STE 102	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City ARLINGTON State VA Zip Code 22203	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS Candidate Name	<table border="1"> <tr> <td colspan="10">652.91</td> </tr> </table>	652.91																			
652.91																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type	[MEMO ITEM]																				
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00146 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS Candidate Name	<table border="1"> <tr> <td colspan="10">2463.46</td> </tr> </table>	2463.46																			
2463.46																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type	[MEMO ITEM]																				
<b>C.</b> Full Name (Last, First, Middle Initial) BOND 45	<b>Transaction ID:</b> 2011M02L21A00146M <b>Date of Disbursement</b>																				
Mailing Address 149 WATERFRONT ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City NATIONAL HARBOR State MD Zip Code 20745	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEALS Candidate Name	<table border="1"> <tr> <td colspan="10">2463.46</td> </tr> </table>	2463.46																			
2463.46																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type	[MEMO ITEM]																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2463.46

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1042 / 1391

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00147 <b>Date of Disbursement</b>
Mailing Address PO BOX 36001	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City FT. LAUDERDALE State FL Zip Code 33360	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>2949.58</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) SHUN LEE WEST	<b>Transaction ID:</b> 2011M02L21A00147M <b>Date of Disbursement</b>
Mailing Address 43 W 65TH ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City NEW YORK State NY Zip Code 10023	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEALS	<div>2949.58</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00148 <b>Date of Disbursement</b>
Mailing Address PO BOX 36001	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City FT. LAUDERDALE State FL Zip Code 33360	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement MEMBERSHIP FEE	<div>81.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

3030.58

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1043 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)  <b>PRIORITY PASS</b></p> <p>Mailing Address <b>5204 TENNYSON PKWY #500</b></p> <p>City <b>PLANO</b> State <b>TX</b> Zip Code <b>75024</b></p> <p>Purpose of Disbursement  <b>MEMBERSHIP FEE</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00148M  <b>Date of Disbursement</b>  <div> <div>01</div> <div>13</div> <div>2011</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>81.00</div></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)  <b>AMERICAN EXPRESS</b></p> <p>Mailing Address <b>PO BOX 36001</b></p> <p>City <b>FT. LAUDERDALE</b> State <b>FL</b> Zip Code <b>33360</b></p> <p>Purpose of Disbursement  <b>OFFICE SUPPLIES</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00149  <b>Date of Disbursement</b>  <div> <div>01</div> <div>13</div> <div>2011</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>33.70</div></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)  <b>FEDEX EXPRESS - MEMPHIS</b></p> <p>Mailing Address <b>3875 AIRWAYS BLVD H3</b></p> <p>City <b>MEMPHIS</b> State <b>TN</b> Zip Code <b>38116</b></p> <p>Purpose of Disbursement  <b>OFFICE SUPPLIES</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00149M  <b>Date of Disbursement</b>  <div> <div>01</div> <div>13</div> <div>2011</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>33.70</div></p> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**33.70**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1046 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00153 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360 Purpose of Disbursement PHONE SERVICES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>157.50</td> </tr> </table>	157.50																			
157.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) SPRINT PCS	<b>Transaction ID:</b> 2011M02L21A00153M <b>Date of Disbursement</b>																				
Mailing Address 1101 S JOYCE ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City ARLINGTON State VA Zip Code 22202 Purpose of Disbursement PHONE SERVICES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>157.50</td> </tr> </table>	157.50																			
157.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type  <b>[MEMO ITEM]</b>																				
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00154 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360 Purpose of Disbursement PROMOTIONAL MATERIALS Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>862.80</td> </tr> </table>	862.80																			
862.80																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1020.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1047 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) GIFTTREE.COM <hr/> Mailing Address 1800 W. 4TH PLAIN BLVD SUITE 120-B <hr/> City VANCOUVER State WA Zip Code 98660 <hr/> Purpose of Disbursement PROMOTIONAL MATERIALS Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00154M <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 1 1</div> </div> <hr/> Amount of Each Disbursement this Period <div>862.80</div> <hr/> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS <hr/> Mailing Address PO BOX 36001 <hr/> City FT. LAUDERDALE State FL Zip Code 33360 <hr/> Purpose of Disbursement TRAIN FARE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00155 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 1 1</div> </div> <hr/> Amount of Each Disbursement this Period <div>134.00</div> <hr/>
<b>C.</b> Full Name (Last, First, Middle Initial) AMTRAK <hr/> Mailing Address 60 MASSACHUSETTS AVE, NE 4TH FLOOR WEST <hr/> City WASHINGTON State DC Zip Code 20002 <hr/> Purpose of Disbursement TRAIN FARE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00155M <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 1 1</div> </div> <hr/> Amount of Each Disbursement this Period <div>134.00</div> <hr/> <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

134.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1048 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>AMERICAN EXPRESS</b> <hr/> Mailing Address <b>PO BOX 36001</b> <hr/> <table> <tr> <td>City <b>FT. LAUDERDALE</b></td> <td>State <b>FL</b></td> <td>Zip Code <b>33360</b></td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement <b>TRAIN FARE</b></td> <td rowspan="2"><div>Category/ Type</div></td> </tr> <tr> <td>Candidate Name</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State:                  District:</td> <td></td> </tr> </table>	City <b>FT. LAUDERDALE</b>	State <b>FL</b>	Zip Code <b>33360</b>	Purpose of Disbursement <b>TRAIN FARE</b>	<div>Category/ Type</div>	Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:                  District:		<b>Transaction ID:</b> 2011M02L21A00156 <b>Date of Disbursement</b> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>360.00</div>
City <b>FT. LAUDERDALE</b>	State <b>FL</b>	Zip Code <b>33360</b>										
Purpose of Disbursement <b>TRAIN FARE</b>	<div>Category/ Type</div>											
Candidate Name												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼											
State:                  District:												
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>AMTRAK</b> <hr/> Mailing Address <b>60 MASSACHUSETTS AVE, NE 4TH FLOOR WEST</b> <hr/> <table> <tr> <td>City <b>WASHINGTON</b></td> <td>State <b>DC</b></td> <td>Zip Code <b>20002</b></td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement <b>TRAIN FARE</b></td> <td rowspan="2"><div>Category/ Type</div></td> </tr> <tr> <td>Candidate Name</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State:                  District:</td> <td></td> </tr> </table>	City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20002</b>	Purpose of Disbursement <b>TRAIN FARE</b>	<div>Category/ Type</div>	Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:                  District:		<b>Transaction ID:</b> 2011M02L21A00156M <b>Date of Disbursement</b> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>360.00</div> <div><b>[MEMO ITEM]</b></div>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20002</b>										
Purpose of Disbursement <b>TRAIN FARE</b>	<div>Category/ Type</div>											
Candidate Name												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼											
State:                  District:												
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>AMERICAN EXPRESS</b> <hr/> Mailing Address <b>PO BOX 36001</b> <hr/> <table> <tr> <td>City <b>FT. LAUDERDALE</b></td> <td>State <b>FL</b></td> <td>Zip Code <b>33360</b></td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement <b>TRAIN FARE</b></td> <td rowspan="2"><div>Category/ Type</div></td> </tr> <tr> <td>Candidate Name</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State:                  District:</td> <td></td> </tr> </table>	City <b>FT. LAUDERDALE</b>	State <b>FL</b>	Zip Code <b>33360</b>	Purpose of Disbursement <b>TRAIN FARE</b>	<div>Category/ Type</div>	Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:                  District:		<b>Transaction ID:</b> 2011M02L21A00157 <b>Date of Disbursement</b> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 1 1</div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>540.00</div>
City <b>FT. LAUDERDALE</b>	State <b>FL</b>	Zip Code <b>33360</b>										
Purpose of Disbursement <b>TRAIN FARE</b>	<div>Category/ Type</div>											
Candidate Name												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼											
State:                  District:												

**SUBTOTAL** of Disbursements This Page (optional) .....**900.00****TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1049 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)  <b>AMTRAK</b></p> <p>Mailing Address <b>60 MASSACHUSETTS AVE, NE  4TH FLOOR WEST</b></p> <p>City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20002</b></p> <p>Purpose of Disbursement  <b>TRAIN FARE</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President  State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00157M  <b>Date of Disbursement</b>  M M / D D / Y Y Y Y  0 1 / 2 6 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period  540.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)  <b>AMERICAN EXPRESS</b></p> <p>Mailing Address <b>PO BOX 36001</b></p> <p>City <b>FT. LAUDERDALE</b> State <b>FL</b> Zip Code <b>33360</b></p> <p>Purpose of Disbursement  <b>TRAIN FARE</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President  State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00158  <b>Date of Disbursement</b>  M M / D D / Y Y Y Y  0 1 / 1 3 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period  586.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)  <b>AMTRAK</b></p> <p>Mailing Address <b>60 MASSACHUSETTS AVE, NE  4TH FLOOR WEST</b></p> <p>City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20002</b></p> <p>Purpose of Disbursement  <b>TRAIN FARE</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President  State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00158M  <b>Date of Disbursement</b>  M M / D D / Y Y Y Y  0 1 / 1 3 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period  586.00</p> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**586.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1050 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 36001

City State Zip Code  
 FT. LAUDERDALE FL 33360

Purpose of Disbursement  
 TRANSPORTATION SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00159

Date of Disbursement

/   /

Amount of Each Disbursement this Period

275.89

**B.**

Full Name (Last, First, Middle Initial)

CAREY INTERNATIONAL INC

Mailing Address 4530 WISCONSIN AVE, NW

City State Zip Code  
 WASHINGTON DC 20016

Purpose of Disbursement  
 TRANSPORTATION SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00159M

Date of Disbursement

/   /

Amount of Each Disbursement this Period

275.89

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 36001

City State Zip Code  
 FT. LAUDERDALE FL 33360

Purpose of Disbursement  
 TRANSPORTATION SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00160

Date of Disbursement

/   /

Amount of Each Disbursement this Period

663.00

**SUBTOTAL** of Disbursements This Page (optional) .....

938.89

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1053 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00166 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
<table border="1"> <tr> <td>City FT. LAUDERDALE</td> <td>State FL</td> <td>Zip Code 33360</td> </tr> <tr> <td colspan="2">Purpose of Disbursement TRAVEL AGENCY SERVICES</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City FT. LAUDERDALE	State FL	Zip Code 33360	Purpose of Disbursement TRAVEL AGENCY SERVICES		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>14.00</td> </tr> </table>	14.00											
City FT. LAUDERDALE	State FL	Zip Code 33360																			
Purpose of Disbursement TRAVEL AGENCY SERVICES		<input type="text"/> Category/ Type																			
Candidate Name																					
14.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00167 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
<table border="1"> <tr> <td>City FT. LAUDERDALE</td> <td>State FL</td> <td>Zip Code 33360</td> </tr> <tr> <td colspan="2">Purpose of Disbursement TRAVEL AGENCY SERVICES</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City FT. LAUDERDALE	State FL	Zip Code 33360	Purpose of Disbursement TRAVEL AGENCY SERVICES		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>14.00</td> </tr> </table>	14.00											
City FT. LAUDERDALE	State FL	Zip Code 33360																			
Purpose of Disbursement TRAVEL AGENCY SERVICES		<input type="text"/> Category/ Type																			
Candidate Name																					
14.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00168 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
<table border="1"> <tr> <td>City FT. LAUDERDALE</td> <td>State FL</td> <td>Zip Code 33360</td> </tr> <tr> <td colspan="2">Purpose of Disbursement TRAVEL AGENCY SERVICES</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City FT. LAUDERDALE	State FL	Zip Code 33360	Purpose of Disbursement TRAVEL AGENCY SERVICES		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>20.00</td> </tr> </table>	20.00											
City FT. LAUDERDALE	State FL	Zip Code 33360																			
Purpose of Disbursement TRAVEL AGENCY SERVICES		<input type="text"/> Category/ Type																			
Candidate Name																					
20.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td>48.00</td> </tr> </table>	48.00																			
48.00																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1054 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 MACNAIR TRAVEL MANAGEMENT

Mailing Address 1101 KING ST  
 SUITE 190

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
 TRAVEL AGENCY SERVICES

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00168M

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 0 1 / 1 3 / 2 0 1 1

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
 AMERICAN EXPRESS

Mailing Address PO BOX 36001

City FT. LAUDERDALE State FL Zip Code 33360

Purpose of Disbursement  
 TRAVEL AGENCY SERVICES

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00169

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 0 1 / 1 3 / 2 0 1 1

Amount of Each Disbursement this Period

20.00

**C.** Full Name (Last, First, Middle Initial)  
 MACNAIR TRAVEL MANAGEMENT

Mailing Address 1101 KING ST  
 SUITE 190

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
 TRAVEL AGENCY SERVICES

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00169M

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 0 1 / 1 3 / 2 0 1 1

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

20.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

PAGE 1055 / 1391

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 36001	<b>Transaction ID:</b> 2011M02L21A00170 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 1 1</div> </div>
City FT. LAUDERDALE State FL Zip Code 33360 Purpose of Disbursement TRAVEL AGENCY SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>20.00</div> <div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) MACNAIR TRAVEL MANAGEMENT Mailing Address 1101 KING ST SUITE 190 City ALEXANDRIA State VA Zip Code 22314 Purpose of Disbursement TRAVEL AGENCY SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00170M <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>20.00</div> <div>Category/Type</div> <p><b>[MEMO ITEM]</b></p>
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 36001 City FT. LAUDERDALE State FL Zip Code 33360 Purpose of Disbursement TRAVEL AGENCY SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00171 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>21.00</div> <div>Category/Type</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**41.00**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1057 / 1391

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00175 <b>Date of Disbursement</b>
Mailing Address PO BOX 36001	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 1 1</div> </div>
City FT. LAUDERDALE State FL Zip Code 33360	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TRAVEL AGENCY SERVICES	<div>22.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00176 <b>Date of Disbursement</b>
Mailing Address PO BOX 36001	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City FT. LAUDERDALE State FL Zip Code 33360	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TRAVEL AGENCY SERVICES	<div>28.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00177 <b>Date of Disbursement</b>
Mailing Address PO BOX 36001	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City FT. LAUDERDALE State FL Zip Code 33360	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TRAVEL AGENCY SERVICES	<div>28.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**78.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1058 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00178 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360 Purpose of Disbursement TRAVEL AGENCY SERVICES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>36.00</td> </tr> </table>	36.00																			
36.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00179 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360 Purpose of Disbursement TRAVEL AGENCY SERVICES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>42.00</td> </tr> </table>	42.00																			
42.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00180 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360 Purpose of Disbursement TRAVEL AGENCY SERVICES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>43.00</td> </tr> </table>	43.00																			
43.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**121.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1059 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00181 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360 Purpose of Disbursement TRAVEL AGENCY SERVICES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>44.00</td> </tr> </table>	44.00																			
44.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00182 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360 Purpose of Disbursement TRAVEL AGENCY SERVICES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>44.00</td> </tr> </table>	44.00																			
44.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00183 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
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0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360 Purpose of Disbursement TRAVEL AGENCY SERVICES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>65.00</td> </tr> </table>	65.00																			
65.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

**SUBTOTAL** of Disbursements This Page (optional) .....

153.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1060 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00184 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
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0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360 Purpose of Disbursement TRAVEL AGENCY SERVICES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>66.00</td> </tr> </table>	66.00																			
66.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00185 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
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City FT. LAUDERDALE State FL Zip Code 33360 Purpose of Disbursement TRAVEL AGENCY SERVICES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>70.00</td> </tr> </table>	70.00																			
70.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MACNAIR TRAVEL MANAGEMENT	<b>Transaction ID:</b> 2011M02L21A00185M <b>Date of Disbursement</b>																				
Mailing Address 1101 KING ST SUITE 190	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City ALEXANDRIA State VA Zip Code 22314 Purpose of Disbursement TRAVEL AGENCY SERVICES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>70.00</td> </tr> </table>	70.00																			
70.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

136.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1061 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00186 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
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City FT. LAUDERDALE State FL Zip Code 33360	Amount of Each Disbursement this Period <table border="1"> <tr> <td>75.00</td> </tr> </table>	75.00																			
75.00																					
Purpose of Disbursement TRAVEL AGENCY SERVICES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MACNAIR TRAVEL MANAGEMENT	<b>Transaction ID:</b> 2011M02L21A00186M <b>Date of Disbursement</b>																				
Mailing Address 1101 KING ST SUITE 190	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
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0	1		1	3		2	0	1	1												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period <table border="1"> <tr> <td>75.00</td> </tr> </table>	75.00																			
75.00																					
Purpose of Disbursement TRAVEL AGENCY SERVICES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00187 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City FT. LAUDERDALE State FL Zip Code 33360	Amount of Each Disbursement this Period <table border="1"> <tr> <td>85.00</td> </tr> </table>	85.00																			
85.00																					
Purpose of Disbursement TRAVEL AGENCY SERVICES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

160.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1062 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00188 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
<table border="1"> <tr> <td>City FT. LAUDERDALE</td> <td>State FL</td> <td>Zip Code 33360</td> </tr> <tr> <td colspan="2">Purpose of Disbursement TRAVEL AGENCY SERVICES</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City FT. LAUDERDALE	State FL	Zip Code 33360	Purpose of Disbursement TRAVEL AGENCY SERVICES		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>88.00</td> </tr> </table>	88.00											
City FT. LAUDERDALE	State FL	Zip Code 33360																			
Purpose of Disbursement TRAVEL AGENCY SERVICES		<input type="text"/> Category/ Type																			
Candidate Name																					
88.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00189 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
<table border="1"> <tr> <td>City FT. LAUDERDALE</td> <td>State FL</td> <td>Zip Code 33360</td> </tr> <tr> <td colspan="2">Purpose of Disbursement TRAVEL AGENCY SERVICES</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City FT. LAUDERDALE	State FL	Zip Code 33360	Purpose of Disbursement TRAVEL AGENCY SERVICES		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>88.00</td> </tr> </table>	88.00											
City FT. LAUDERDALE	State FL	Zip Code 33360																			
Purpose of Disbursement TRAVEL AGENCY SERVICES		<input type="text"/> Category/ Type																			
Candidate Name																					
88.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00190 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
<table border="1"> <tr> <td>City FT. LAUDERDALE</td> <td>State FL</td> <td>Zip Code 33360</td> </tr> <tr> <td colspan="2">Purpose of Disbursement TRAVEL AGENCY SERVICES</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City FT. LAUDERDALE	State FL	Zip Code 33360	Purpose of Disbursement TRAVEL AGENCY SERVICES		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>91.00</td> </tr> </table>	91.00											
City FT. LAUDERDALE	State FL	Zip Code 33360																			
Purpose of Disbursement TRAVEL AGENCY SERVICES		<input type="text"/> Category/ Type																			
Candidate Name																					
91.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

267.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1063 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 36001

City State Zip Code  
FT. LAUDERDALE FL 33360

Purpose of Disbursement  
TRAVEL AGENCY SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00191

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 1 / 1 3 / 2 0 1 1

Amount of Each Disbursement this Period

95.00

**B.**

Full Name (Last, First, Middle Initial)

MACNAIR TRAVEL MANAGEMENT

Mailing Address 1101 KING ST  
SUITE 190

City State Zip Code  
ALEXANDRIA VA 22314

Purpose of Disbursement  
TRAVEL AGENCY SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00191M

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 1 / 1 3 / 2 0 1 1

Amount of Each Disbursement this Period

95.00

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 36001

City State Zip Code  
FT. LAUDERDALE FL 33360

Purpose of Disbursement  
TRAVEL AGENCY SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00192

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 1 / 2 6 / 2 0 1 1

Amount of Each Disbursement this Period

105.00

**SUBTOTAL** of Disbursements This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1064 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00193 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
<table border="1"> <tr> <td>City FT. LAUDERDALE</td> <td>State FL</td> <td>Zip Code 33360</td> </tr> <tr> <td colspan="2">Purpose of Disbursement TRAVEL AGENCY SERVICES</td> <td rowspan="2">Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City FT. LAUDERDALE	State FL	Zip Code 33360	Purpose of Disbursement TRAVEL AGENCY SERVICES		Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>110.00</td> </tr> </table>	110.00											
City FT. LAUDERDALE	State FL	Zip Code 33360																			
Purpose of Disbursement TRAVEL AGENCY SERVICES		Category/ Type																			
Candidate Name																					
110.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00194 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
<table border="1"> <tr> <td>City FT. LAUDERDALE</td> <td>State FL</td> <td>Zip Code 33360</td> </tr> <tr> <td colspan="2">Purpose of Disbursement TRAVEL AGENCY SERVICES</td> <td rowspan="2">Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City FT. LAUDERDALE	State FL	Zip Code 33360	Purpose of Disbursement TRAVEL AGENCY SERVICES		Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>122.00</td> </tr> </table>	122.00											
City FT. LAUDERDALE	State FL	Zip Code 33360																			
Purpose of Disbursement TRAVEL AGENCY SERVICES		Category/ Type																			
Candidate Name																					
122.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00195 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
<table border="1"> <tr> <td>City FT. LAUDERDALE</td> <td>State FL</td> <td>Zip Code 33360</td> </tr> <tr> <td colspan="2">Purpose of Disbursement TRAVEL AGENCY SERVICES</td> <td rowspan="2">Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City FT. LAUDERDALE	State FL	Zip Code 33360	Purpose of Disbursement TRAVEL AGENCY SERVICES		Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>290.00</td> </tr> </table>	290.00											
City FT. LAUDERDALE	State FL	Zip Code 33360																			
Purpose of Disbursement TRAVEL AGENCY SERVICES		Category/ Type																			
Candidate Name																					
290.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**522.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1065 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial)  
MACNAIR TRAVEL MANAGEMENTMailing Address 1101 KING ST  
SUITE 190

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
TRAVEL AGENCY SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00195M

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	1	1

Amount of Each Disbursement this Period

290.00

**[MEMO ITEM]****B.** Full Name (Last, First, Middle Initial)  
AMERICAN EXPRESS

Mailing Address PO BOX 36001

City FT. LAUDERDALE State FL Zip Code 33360

Purpose of Disbursement  
TRAVEL AGENCY SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00196

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	1	1

Amount of Each Disbursement this Period

545.15

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN EXPRESS

Mailing Address PO BOX 36001

City FT. LAUDERDALE State FL Zip Code 33360

Purpose of Disbursement  
TRAVEL AGENCY SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00197

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	1

Amount of Each Disbursement this Period

565.00

SUBTOTAL of Disbursements This Page (optional) .....

1110.15

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1066 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 MACNAIR TRAVEL MANAGEMENT

Mailing Address 1101 KING ST  
 SUITE 190

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
 TRAVEL AGENCY SERVICES

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00197M  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

565.00

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
 AMERICAN EXPRESS

Mailing Address PO BOX 36001

City FT. LAUDERDALE State FL Zip Code 33360

Purpose of Disbursement  
 TRAVEL AGENCY SERVICES

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00198  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

655.00

**C.** Full Name (Last, First, Middle Initial)  
 MACNAIR TRAVEL MANAGEMENT

Mailing Address 1101 KING ST  
 SUITE 190

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
 TRAVEL AGENCY SERVICES

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00198M  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

655.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

655.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1067 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 36001	<b>Transaction ID:</b> 2011M02L21A00199 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1										
M	M	/	D	D	/	Y	Y	Y	Y																						
0	1		2	6		2	0	1	1																						
City FT. LAUDERDALE State FL Zip Code 33360 Purpose of Disbursement TRAVEL SERVICES- CHARGES IN DISBUTE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td colspan="10">3572.74</td> </tr> </table>	3572.74																													
3572.74																															
<b>B.</b> Full Name (Last, First, Middle Initial) ITALIAN DREAMS, INC Mailing Address XXIV MAGGIO 29 31021 MOGLIAN VENETO City VE, ITALY State ZZ Zip Code Purpose of Disbursement TRAVEL SERVICES- CHARGES IN DISBUTE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00199M <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td colspan="10">3572.74</td> </tr> </table> <b>[MEMO ITEM]</b>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1	3572.74									
M	M	/	D	D	/	Y	Y	Y	Y																						
0	1		2	6		2	0	1	1																						
3572.74																															
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 36001 City FT. LAUDERDALE State FL Zip Code 33360 Purpose of Disbursement VENUE RENTAL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00200 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td colspan="10">10000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1	10000.00									
M	M	/	D	D	/	Y	Y	Y	Y																						
0	1		2	6		2	0	1	1																						
10000.00																															

**SUBTOTAL** of Disbursements This Page (optional) .....

13572.74

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1068 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) MARRIOTT-ORLANDO	<b>Transaction ID:</b> 2011M02L21A00200M Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 1 1
Mailing Address 8701 WORLD CENTER DR		
City ORLANDO State FL Zip Code 32821		Amount of Each Disbursement this Period 10000.00
Purpose of Disbursement VENUE RENTAL		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
<b>B.</b>	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> 2011M02L21A00201 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 1 1
Mailing Address PO BOX 36001		
City FT. LAUDERDALE State FL Zip Code 33360		Amount of Each Disbursement this Period 44286.60
Purpose of Disbursement VENUE RENTAL/CATERING SERVICES		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
<b>C.</b>	Full Name (Last, First, Middle Initial) MARRIOTT-ORLANDO	<b>Transaction ID:</b> 2011M02L21A00201M Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 1 1
Mailing Address 8701 WORLD CENTER DR		
City ORLANDO State FL Zip Code 32821		Amount of Each Disbursement this Period 44286.60
Purpose of Disbursement VENUE RENTAL/CATERING SERVICES		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) .....

44286.60

TOTAL This Period (last page this line number only) .....



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

State:  District:

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1070 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) APP DEFENSE	<b>Transaction ID:</b> 2011M02L21A00205 <b>Date of Disbursement</b>																				
Mailing Address 200 CASTLEWOOD ESTATES COURT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City O'FALLON State MO Zip Code 63368 Purpose of Disbursement IT SUPPORT/MAINTENANCE Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>5</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	1	5	0	0	.	0	0													
1	5	0	0	.	0	0															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) ARENA COMMUNICATIONS	<b>Transaction ID:</b> 2011M02L21A00206 <b>Date of Disbursement</b>																				
Mailing Address 1780 W. SEQUOIA VISTA CIRCLE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City SALT LAKE CITY State UT Zip Code 84104 Purpose of Disbursement MAIL PRODUCTION Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>7</td><td>7</td><td>4</td><td>5</td><td>.</td><td>0</td><td>0</td> </tr> </table>	7	7	4	5	.	0	0													
7	7	4	5	.	0	0															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) ARENA COMMUNICATIONS	<b>Transaction ID:</b> 2011M02L21A00207 <b>Date of Disbursement</b>																				
Mailing Address 1780 W. SEQUOIA VISTA CIRCLE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City SALT LAKE CITY State UT Zip Code 84104 Purpose of Disbursement MAIL PRODUCTION Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>3</td><td>9</td><td>3</td><td>3</td><td>.</td><td>0</td><td>0</td> </tr> </table>	3	9	3	3	.	0	0													
3	9	3	3	.	0	0															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**62075.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1071 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SARA ARMSTRONG

Mailing Address 310 FIRST STREET SE

City  
 WASHINGTON

State  
 DC

Zip Code  
 20003

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00208

Date of Disbursement

/   /

Amount of Each Disbursement this Period

35.80

**B.**

Full Name (Last, First, Middle Initial)

SARA ARMSTRONG

Mailing Address 310 FIRST STREET SE

City  
 WASHINGTON

State  
 DC

Zip Code  
 20003

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00209

Date of Disbursement

/   /

Amount of Each Disbursement this Period

48.08

**C.**

Full Name (Last, First, Middle Initial)

SARA ARMSTRONG

Mailing Address 310 FIRST STREET SE

City  
 WASHINGTON

State  
 DC

Zip Code  
 20003

Purpose of Disbursement  
 MEALS

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00210

Date of Disbursement

/   /

Amount of Each Disbursement this Period

168.42

**SUBTOTAL** of Disbursements This Page (optional) .....

252.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1072 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SARA ARMSTRONG	<b>Transaction ID:</b> 2011M02L21A00211 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td>227.57</td> </tr> </table>	227.57																			
227.57																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) SARA ARMSTRONG	<b>Transaction ID:</b> 2011M02L21A00212 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td>237.75</td> </tr> </table>	237.75																			
237.75																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) SARA ARMSTRONG	<b>Transaction ID:</b> 2011M02L21A00213 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td>243.95</td> </tr> </table>	243.95																			
243.95																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

709.27

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1073 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AT & T MOBILITY	<b>Transaction ID:</b> 2011M02L21A00214 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 6463	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
<table border="1"> <tr> <td>City CAROL STREAM</td> <td>State IL</td> <td>Zip Code 60197</td> </tr> <tr> <td colspan="2">Purpose of Disbursement PHONE SERVICES</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City CAROL STREAM	State IL	Zip Code 60197	Purpose of Disbursement PHONE SERVICES		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>60.72</td> </tr> </table>	60.72											
City CAROL STREAM	State IL	Zip Code 60197																			
Purpose of Disbursement PHONE SERVICES		<input type="text"/> Category/ Type																			
Candidate Name																					
60.72																					
<table border="1"> <tr> <td>Office Sought:</td> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td>Disbursement For:</td> <td> <input type="checkbox"/> Primary  <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State:</td> <td>District:</td> <td colspan="2"></td> </tr> </table>	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:															
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																		
State:	District:																				
<b>B.</b> Full Name (Last, First, Middle Initial) AT & T MOBILITY	<b>Transaction ID:</b> 2011M02L21A00215 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 6463	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
<table border="1"> <tr> <td>City CAROL STREAM</td> <td>State IL</td> <td>Zip Code 60197</td> </tr> <tr> <td colspan="2">Purpose of Disbursement PHONE SERVICES</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City CAROL STREAM	State IL	Zip Code 60197	Purpose of Disbursement PHONE SERVICES		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>60.94</td> </tr> </table>	60.94											
City CAROL STREAM	State IL	Zip Code 60197																			
Purpose of Disbursement PHONE SERVICES		<input type="text"/> Category/ Type																			
Candidate Name																					
60.94																					
<table border="1"> <tr> <td>Office Sought:</td> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td>Disbursement For:</td> <td> <input type="checkbox"/> Primary  <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State:</td> <td>District:</td> <td colspan="2"></td> </tr> </table>	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:															
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																		
State:	District:																				
<b>C.</b> Full Name (Last, First, Middle Initial) AT & T MOBILITY	<b>Transaction ID:</b> 2011M02L21A00216 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 6463	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
<table border="1"> <tr> <td>City CAROL STREAM</td> <td>State IL</td> <td>Zip Code 60197</td> </tr> <tr> <td colspan="2">Purpose of Disbursement PHONE SERVICES</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City CAROL STREAM	State IL	Zip Code 60197	Purpose of Disbursement PHONE SERVICES		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>61.52</td> </tr> </table>	61.52											
City CAROL STREAM	State IL	Zip Code 60197																			
Purpose of Disbursement PHONE SERVICES		<input type="text"/> Category/ Type																			
Candidate Name																					
61.52																					
<table border="1"> <tr> <td>Office Sought:</td> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td>Disbursement For:</td> <td> <input type="checkbox"/> Primary  <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State:</td> <td>District:</td> <td colspan="2"></td> </tr> </table>	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:															
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																		
State:	District:																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**183.18**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1074 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AT & T MOBILITY Mailing Address P O BOX 6463	<b>Transaction ID:</b> 2011M02L21A00217 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div>
City CAROL STREAM State IL Zip Code 60197 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>65.72</div>
<b>B.</b> Full Name (Last, First, Middle Initial) AT & T MOBILITY Mailing Address P O BOX 6463 City CAROL STREAM State IL Zip Code 60197 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00218 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>121.37</div>
<b>C.</b> Full Name (Last, First, Middle Initial) BAG-IT, INC Mailing Address 3103 W. MARKET STREET City GREENSBORO State NC Zip Code 27403 Purpose of Disbursement DONOR APPRECIATION GIFT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00219 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>8370.64</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**8557.73**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1075 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) BB & T FINANCIAL, FSB	<b>Transaction ID:</b> 2011M02L21A00220 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 580340	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City CHARLOTTE State NC Zip Code 28258	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement FUNDRAISING ADVERTISING Candidate Name	<table border="1"> <tr> <td colspan="10">946.15</td> </tr> </table>	946.15																			
946.15																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) GOOGLE, INC	<b>Transaction ID:</b> 2011M02L21A00220M <b>Date of Disbursement</b>																				
Mailing Address 1600 AMPHITHEATRE PKWY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City MOUNTAIN VIEW State CA Zip Code 94043	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement FUNDRAISING ADVERTISING Candidate Name	<table border="1"> <tr> <td colspan="10">946.15</td> </tr> </table>	946.15																			
946.15																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) BB & T FINANCIAL, FSB	<b>Transaction ID:</b> 2011M02L21A00221 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 580340	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City CHARLOTTE State NC Zip Code 28258	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-FUEL Candidate Name	<table border="1"> <tr> <td colspan="10">589.49</td> </tr> </table>	589.49																			
589.49																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1535.64

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1076 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<b>A.</b>	<p>Full Name (Last, First, Middle Initial)  <b>BB &amp; T FINANCIAL, FSB</b></p> <p>Mailing Address <b>PO BOX 580340</b></p> <p>City <b>CHARLOTTE</b> State <b>NC</b> Zip Code <b>28258</b></p> <p>Purpose of Disbursement  <b>TRAVEL-MEALS</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00222  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 6 / 2 0 1 1</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>284.89</div> </p>
<b>B.</b>	<p>Full Name (Last, First, Middle Initial)  <b>BB &amp; T FINANCIAL, FSB</b></p> <p>Mailing Address <b>PO BOX 580340</b></p> <p>City <b>CHARLOTTE</b> State <b>NC</b> Zip Code <b>28258</b></p> <p>Purpose of Disbursement  <b>TRAVEL-PARKING</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00223  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 6 / 2 0 1 1</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>435.00</div> </p>
<b>C.</b>	<p>Full Name (Last, First, Middle Initial)  <b>BFPE INTERNATIONAL</b></p> <p>Mailing Address <b>P O BOX 630067</b></p> <p>City <b>BALTIMORE</b> State <b>MD</b> Zip Code <b>21263</b></p> <p>Purpose of Disbursement  <b>BUILDING MAINTENANCE</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00224  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>344.50</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**1064.39**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1077 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>BGI SHARED SERVICES</b>	<b>Transaction ID:</b> 2011M02L21A00225 <b>Date of Disbursement</b>																				
Mailing Address <b>BUDGET RENT A CAR SYSTEMS,INC</b> <b>14297 COLLECTIONS CENTER DR</b>	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City <b>CHICAGO</b> State <b>IL</b> Zip Code <b>60693</b>	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement <b>CAR RENTAL</b>	<table border="1"> <tr> <td colspan="10">15.85</td> </tr> </table>	15.85																			
15.85																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) <b>BGI SHARED SERVICES</b>	<b>Transaction ID:</b> 2011M02L21A00226 <b>Date of Disbursement</b>																				
Mailing Address <b>BUDGET RENT A CAR SYSTEMS,INC</b> <b>14297 COLLECTIONS CENTER DR</b>	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City <b>CHICAGO</b> State <b>IL</b> Zip Code <b>60693</b>	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement <b>CAR RENTAL</b>	<table border="1"> <tr> <td colspan="10">72.43</td> </tr> </table>	72.43																			
72.43																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) <b>BGI SHARED SERVICES</b>	<b>Transaction ID:</b> 2011M02L21A00227 <b>Date of Disbursement</b>																				
Mailing Address <b>BUDGET RENT A CAR SYSTEMS,INC</b> <b>14297 COLLECTIONS CENTER DR</b>	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City <b>CHICAGO</b> State <b>IL</b> Zip Code <b>60693</b>	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement <b>CAR RENTAL</b>	<table border="1"> <tr> <td colspan="10">262.34</td> </tr> </table>	262.34																			
262.34																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**350.62**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1078 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>BGI SHARED SERVICES</b>	<b>Transaction ID:</b> 2011M02L21A00228 <b>Date of Disbursement</b>																				
<b>Mailing Address</b> <b>BUDGET RENT A CAR SYSTEMS,INC</b> <b>14297 COLLECTIONS CENTER DR</b>	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
<b>City</b> <b>CHICAGO</b> <b>State</b> <b>IL</b> <b>Zip Code</b> <b>60693</b>	<b>Amount of Each Disbursement this Period</b>																				
<b>Purpose of Disbursement</b> <b>CAR RENTAL</b>	<table border="1"> <tr> <td colspan="10">940.02</td> </tr> </table>	940.02																			
940.02																					
<b>Candidate Name</b>	<b>Category/Type</b>																				
<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> <b>District:</b>	<b>Disbursement For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) <b>BHA CREATIVE LLC</b>	<b>Transaction ID:</b> 2011M02L21A00229 <b>Date of Disbursement</b>																				
<b>Mailing Address</b> <b>ATTN:BRIAN ATHEY</b> <b>531 NORTH PARK DR</b>	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
<b>City</b> <b>BOSSIER CITY</b> <b>State</b> <b>LA</b> <b>Zip Code</b> <b>71111</b>	<b>Amount of Each Disbursement this Period</b>																				
<b>Purpose of Disbursement</b> <b>GRAPHIC SERVICES</b>	<table border="1"> <tr> <td colspan="10">220.00</td> </tr> </table>	220.00																			
220.00																					
<b>Candidate Name</b>	<b>Category/Type</b>																				
<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> <b>District:</b>	<b>Disbursement For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) <b>BHA CREATIVE LLC</b>	<b>Transaction ID:</b> 2011M02L21A00230 <b>Date of Disbursement</b>																				
<b>Mailing Address</b> <b>ATTN:BRIAN ATHEY</b> <b>531 NORTH PARK DR</b>	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
<b>City</b> <b>BOSSIER CITY</b> <b>State</b> <b>LA</b> <b>Zip Code</b> <b>71111</b>	<b>Amount of Each Disbursement this Period</b>																				
<b>Purpose of Disbursement</b> <b>GRAPHIC SERVICES</b>	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
<b>Candidate Name</b>	<b>Category/Type</b>																				
<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> <b>District:</b>	<b>Disbursement For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3160.02**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1080 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**BIG CREEK COMMUNICATIONS LLC**

Mailing Address **638 STERLING DR**

City **CHEYENNE** State **WY** Zip Code **82009**

Purpose of Disbursement  
**COMMUNICATION SERVICES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2011M02L21A00234**

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
**01 / 20 / 2011**

Amount of Each Disbursement this Period

**3000.00**

**B.** Full Name (Last, First, Middle Initial)  
**THE BONJEAN COMPANY**

Mailing Address **1455 PENNSYLVANIA AVE, NW  
 SUITE 400**

City **WASHINGTON** State **DC** Zip Code **20004**

Purpose of Disbursement  
**COMMUNICATION SERVICES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2011M02L21A00235**

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
**01 / 06 / 2011**

Amount of Each Disbursement this Period

**40000.00**

**C.** Full Name (Last, First, Middle Initial)  
**BOPP, COLESON, & BOSTROM**

Mailing Address **1 SOUTH SIXTH STREET**

City **TERRE HAUTE** State **IN** Zip Code **47807**

Purpose of Disbursement  
**LEGAL SERVICES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2011M02L21A00236**

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
**01 / 20 / 2011**

Amount of Each Disbursement this Period

**728.90**

**SUBTOTAL** of Disbursements This Page (optional) .....

**43728.90**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1081 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 BOPP, COLESON, & BOSTROM

Mailing Address 1 SOUTH SIXTH STREET

City State Zip Code  
 TERRE HAUTE IN 47807

Purpose of Disbursement  
 LEGAL SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 2011M02L21A00237  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

5464.99

**B.** Full Name (Last, First, Middle Initial)  
 BORGER MANAGEMENT, INC

Mailing Address HILL HOUSE  
 110 D STREET SE

City State Zip Code  
 WASHINGTON DC 20003

Purpose of Disbursement  
 RENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 2011M02L21A00238  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

300.00

**C.** Full Name (Last, First, Middle Initial)  
 BORGER MANAGEMENT, INC

Mailing Address HILL HOUSE  
 110 D STREET SE

City State Zip Code  
 WASHINGTON DC 20003

Purpose of Disbursement  
 RENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 2011M02L21A00239  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

1845.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7609.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1082 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial)          BORGER MANAGEMENT, INC</p> <p>Mailing Address HILL HOUSE          110 D STREET SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement          RENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00240  <b>Date of Disbursement</b>          M M / D D / Y Y Y Y          0 1 / 2 8 / 2 0 1 1</p> <p><b>Amount of Each Disbursement this Period</b>          1900.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial)          BOWIE'S, INC,</p> <p>Mailing Address 1337 E STREET SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement          TRASH REMOVAL SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00241  <b>Date of Disbursement</b>          M M / D D / Y Y Y Y          0 1 / 2 0 / 2 0 1 1</p> <p><b>Amount of Each Disbursement this Period</b>          2184.21</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial)          BQE, INC</p> <p>Mailing Address 99 PINE STREET          SUITE 104</p> <p>City ALBANY State NY Zip Code 12207</p> <p>Purpose of Disbursement          POLITICAL SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00242  <b>Date of Disbursement</b>          M M / D D / Y Y Y Y          0 1 / 2 0 / 2 0 1 1</p> <p><b>Amount of Each Disbursement this Period</b>          4500.00</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

8584.21

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1083 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRAINCHILD SOLUTIONS

Mailing Address CONSULTING  
 19600 AQUASCO RD

City AQUASCO State MD Zip Code 20608

Purpose of Disbursement  
 TRANSPORTATION SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00243

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

BRAINCHILD SOLUTIONS

Mailing Address CONSULTING  
 19600 AQUASCO RD

City AQUASCO State MD Zip Code 20608

Purpose of Disbursement  
 TRANSPORTATION SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00244

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5250.00

C.

Full Name (Last, First, Middle Initial)

BRAINCHILD SOLUTIONS

Mailing Address CONSULTING  
 19600 AQUASCO RD

City AQUASCO State MD Zip Code 20608

Purpose of Disbursement  
 TRANSPORTATION SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00245

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10250.00

SUBTOTAL of Disbursements This Page (optional) .....

20500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1084 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<p><b>A.</b> Full Name (Last, First, Middle Initial)  <b>BRAINCHILD SOLUTIONS</b></p> <p>Mailing Address <b>CONSULTING</b>  <b>19600 AQUASCO RD</b></p> <p>City <b>AQUASCO</b> State <b>MD</b> Zip Code <b>20608</b></p> <p>Purpose of Disbursement  <b>VOIDED- ISSUED IN ERROR 01/06/2011</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00246  <b>Date of Disbursement</b>  <div> <div>01</div> <div>13</div> <div>2011</div> </div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>-5000.00</div></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial)  <b>BRANCH BANKING &amp; TRUST</b></p> <p>Mailing Address <b>1909 K STREET NW</b>  <b>2ND FLOOR</b></p> <p>City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20006</b></p> <p>Purpose of Disbursement  <b>INTEREST</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00247  <b>Date of Disbursement</b>  <div> <div>01</div> <div>28</div> <div>2011</div> </div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>9733.14</div></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial)  <b>BRANCH BANKING &amp; TRUST</b></p> <p>Mailing Address <b>1909 K STREET NW</b>  <b>2ND FLOOR</b></p> <p>City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20006</b></p> <p>Purpose of Disbursement  <b>INTEREST</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00248  <b>Date of Disbursement</b>  <div> <div>01</div> <div>28</div> <div>2011</div> </div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>9745.14</div></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**14478.28**

**TOTAL** This Period (last page this line number only) .....



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

1342.24

2876.27

3136.84

FEC Schedule B ( Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1091 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB	<b>Transaction ID:</b> 2011M02L21A00267 <b>Date of Disbursement</b>																				
Mailing Address 300 FIRST STREET, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS Candidate Name	<table border="1"> <tr> <td colspan="10">20.45</td> </tr> </table>	20.45																			
20.45																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB	<b>Transaction ID:</b> 2011M02L21A00268 <b>Date of Disbursement</b>																				
Mailing Address 300 FIRST STREET, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS Candidate Name	<table border="1"> <tr> <td colspan="10">25.96</td> </tr> </table>	25.96																			
25.96																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB	<b>Transaction ID:</b> 2011M02L21A00269 <b>Date of Disbursement</b>																				
Mailing Address 300 FIRST STREET, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS Candidate Name	<table border="1"> <tr> <td colspan="10">31.15</td> </tr> </table>	31.15																			
31.15																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

77.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1092 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB	<b>Transaction ID:</b> 2011M02L21A00270 <b>Date of Disbursement</b>																				
Mailing Address 300 FIRST STREET, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">34.40</td> </tr> </table>	34.40																			
34.40																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB	<b>Transaction ID:</b> 2011M02L21A00271 <b>Date of Disbursement</b>																				
Mailing Address 300 FIRST STREET, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">42.19</td> </tr> </table>	42.19																			
42.19																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB	<b>Transaction ID:</b> 2011M02L21A00272 <b>Date of Disbursement</b>																				
Mailing Address 300 FIRST STREET, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">90.22</td> </tr> </table>	90.22																			
90.22																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**166.81**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1093 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB	<b>Transaction ID:</b> 2011M02L21A00273 <b>Date of Disbursement</b>																				
Mailing Address 300 FIRST STREET, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
<table border="1"> <tr> <td>City WASHINGTON</td> <td>State DC</td> <td>Zip Code 20003</td> </tr> <tr> <td colspan="2">Purpose of Disbursement MEALS</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City WASHINGTON	State DC	Zip Code 20003	Purpose of Disbursement MEALS		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>93.79</td> </tr> </table>	93.79											
City WASHINGTON	State DC	Zip Code 20003																			
Purpose of Disbursement MEALS		<input type="text"/> Category/ Type																			
Candidate Name																					
93.79																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB	<b>Transaction ID:</b> 2011M02L21A00274 <b>Date of Disbursement</b>																				
Mailing Address 300 FIRST STREET, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
<table border="1"> <tr> <td>City WASHINGTON</td> <td>State DC</td> <td>Zip Code 20003</td> </tr> <tr> <td colspan="2">Purpose of Disbursement MEALS</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City WASHINGTON	State DC	Zip Code 20003	Purpose of Disbursement MEALS		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>111.62</td> </tr> </table>	111.62											
City WASHINGTON	State DC	Zip Code 20003																			
Purpose of Disbursement MEALS		<input type="text"/> Category/ Type																			
Candidate Name																					
111.62																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB	<b>Transaction ID:</b> 2011M02L21A00275 <b>Date of Disbursement</b>																				
Mailing Address 300 FIRST STREET, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
<table border="1"> <tr> <td>City WASHINGTON</td> <td>State DC</td> <td>Zip Code 20003</td> </tr> <tr> <td colspan="2">Purpose of Disbursement MEALS</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City WASHINGTON	State DC	Zip Code 20003	Purpose of Disbursement MEALS		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>116.18</td> </tr> </table>	116.18											
City WASHINGTON	State DC	Zip Code 20003																			
Purpose of Disbursement MEALS		<input type="text"/> Category/ Type																			
Candidate Name																					
116.18																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**321.59**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1094 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB	<b>Transaction ID:</b> 2011M02L21A00276 <b>Date of Disbursement</b>																				
Mailing Address 300 FIRST STREET, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">174.00</td> </tr> </table>	174.00																			
174.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB	<b>Transaction ID:</b> 2011M02L21A00277 <b>Date of Disbursement</b>																				
Mailing Address 300 FIRST STREET, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">226.54</td> </tr> </table>	226.54																			
226.54																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB	<b>Transaction ID:</b> 2011M02L21A00278 <b>Date of Disbursement</b>																				
Mailing Address 300 FIRST STREET, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">345.95</td> </tr> </table>	345.95																			
345.95																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**746.49**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) C & C CLEANING SERVICE	<b>Transaction ID:</b> 2011M02L21A00279 <b>Date of Disbursement</b>																				
Mailing Address 12100 BLAKETON ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City KETTERING State MD Zip Code 20774	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement JANITORIAL SERVICES Candidate Name	<table border="1"> <tr> <td colspan="10">8674.92</td> </tr> </table>	8674.92																			
8674.92																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CREATIVE FINANCIAL STAFFING	<b>Transaction ID:</b> 2011M02L21A00280 <b>Date of Disbursement</b>																				
Mailing Address SERVICES,INC PO BOX 415565	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City BOSTON State MA Zip Code 02241	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TEMPORARY STAFFING SERVICES Candidate Name	<table border="1"> <tr> <td colspan="10">2838.40</td> </tr> </table>	2838.40																			
2838.40																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) CIGNA	<b>Transaction ID:</b> 2011M02L21A00281 <b>Date of Disbursement</b>																				
Mailing Address CGLIC-CHATTANOOGA EASC 5089 COLLECTION CENTER DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City CHICAGO State IL Zip Code 60693	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement INSURANCE Candidate Name	<table border="1"> <tr> <td colspan="10">80938.30</td> </tr> </table>	80938.30																			
80938.30																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**92451.62**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1096 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)          CIGNA</p> <p>Mailing Address CGLIC-CHATTANOOGA EASC          5089 COLLECTION CENTER DRIVE</p> <p>City CHICAGO State IL Zip Code 60693</p> <p>Purpose of Disbursement          INSURANCE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00282</p> <p>Date of Disbursement          M M / D D / Y Y Y Y          0 1 / 1 3 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period          97231.06</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)          CIGNA GROUP INSURANCE</p> <p>Mailing Address LINA          PO BOX 13701</p> <p>City PHILADELPHIA State PA Zip Code 19101</p> <p>Purpose of Disbursement          INSURANCE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00283</p> <p>Date of Disbursement          M M / D D / Y Y Y Y          0 1 / 1 3 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period          606.40</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)          CIGNA GROUP INSURANCE</p> <p>Mailing Address LINA          PO BOX 13701</p> <p>City PHILADELPHIA State PA Zip Code 19101</p> <p>Purpose of Disbursement          INSURANCE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00284</p> <p>Date of Disbursement          M M / D D / Y Y Y Y          0 1 / 1 3 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period          1530.76</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

99368.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1097 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial)          CIGNA GROUP INSURANCE</p> <p>Mailing Address LINA          PO BOX 13701</p> <p>City PHILADELPHIA State PA Zip Code 19101</p> <p>Purpose of Disbursement          INSURANCE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00285  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>2728.79</div></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial)          CMDI</p> <p>Mailing Address 7704 LEESBURG PIKE</p> <p>City FALLS CHURCH State VA Zip Code 22043</p> <p>Purpose of Disbursement          DATA ENTRY SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00286  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>45.00</div></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial)          CMDI</p> <p>Mailing Address 7704 LEESBURG PIKE</p> <p>City FALLS CHURCH State VA Zip Code 22043</p> <p>Purpose of Disbursement          DATA ENTRY SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00287  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>744.42</div></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3518.21**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
CMDI

Mailing Address7704 LEESBURG PIKE

CityFALLS CHURCHStateVAAZip Code22043

Purpose of Disbursement  
DATA ENTRY SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary☐ General  
☐ Other (specify) ▼

State:District:

Category/  
Type

Transaction ID: 2011M02L21A00288

Date of Disbursement  
MM / DD / YYYY  
01 / 13 / 2011

Amount of Each Disbursement this Period  
3084.60

B.

Full Name (Last, First, Middle Initial)  
CMDI

Mailing Address7704 LEESBURG PIKE

CityFALLS CHURCHStateVAAZip Code22043

Purpose of Disbursement  
DATA ENTRY SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary☐ General  
☐ Other (specify) ▼

State:District:

Category/  
Type

Transaction ID: 2011M02L21A00289

Date of Disbursement  
MM / DD / YYYY  
01 / 13 / 2011

Amount of Each Disbursement this Period  
27084.52

C.

Full Name (Last, First, Middle Initial)  
CMDI

Mailing Address7704 LEESBURG PIKE

CityFALLS CHURCHStateVAAZip Code22043

Purpose of Disbursement  
DATA STORAGE SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary☐ General  
☐ Other (specify) ▼

State:District:

Category/  
Type

Transaction ID: 2011M02L21A00290

Date of Disbursement  
MM / DD / YYYY  
01 / 13 / 2011

Amount of Each Disbursement this Period  
4378.61

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

34547.73

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE	<b>Transaction ID:</b> 2011M02L21A00291 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1	
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		0	6		2	0	1	1													
City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement FILE MAINTENANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>50.00</td> </tr> </table>	50.00																				
50.00																						
<b>B.</b> Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement FILE MAINTENANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00292 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>75.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1	75.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		0	6		2	0	1	1													
75.00																						
<b>C.</b> Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement FILE MAINTENANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00293 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>100.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1	100.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		0	6		2	0	1	1													
100.00																						

**SUBTOTAL** of Disbursements This Page (optional) .....

**225.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE	<b>Transaction ID:</b> 2011M02L21A00294 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 6 / 2 0 1 1</div> </div>
City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement FILE MAINTENANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>110.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement FILE MAINTENANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00295 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 6 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>125.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement FILE MAINTENANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00296 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 6 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>205.00</div>
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div>440.00</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE	<b>Transaction ID:</b> 2011M02L21A00297 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 6 / 2 0 1 1</div> </div>
City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement FILE MAINTENANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>252.82</div>
<b>B.</b> Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement FILE MAINTENANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00298 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>300.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement FILE MAINTENANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00299 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 6 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>405.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**957.82**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) <b>CMDI</b>	<b>Transaction ID:</b> 2011M02L21A00300 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>01 / 06 / 2011</div> </div>
Mailing Address      7704 LEESBURG PIKE	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">444.08</div>
<div>City <b>FALLS CHURCH</b></div> <div>State <b>VA</b></div> <div>Zip Code <b>22043</b></div>	
<div style="flex: 1;">           Purpose of Disbursement  <b>FILE MAINTENANCE</b> </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;">             Category/ Type           </div>	
<div style="flex: 1;">           Candidate Name         </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;">             Category/ Type           </div>	
<div style="flex: 1;">           Office Sought: <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President            State:      District:         </div> <div style="flex: 1;">           Disbursement For:  <input type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </div>	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>CMDI</b>	
Mailing Address      7704 LEESBURG PIKE	<b>Transaction ID:</b> 2011M02L21A00301 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>01 / 06 / 2011</div> </div>
<div>City <b>FALLS CHURCH</b></div> <div>State <b>VA</b></div> <div>Zip Code <b>22043</b></div>	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">544.87</div>
<div style="flex: 1;">           Purpose of Disbursement  <b>FILE MAINTENANCE</b> </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;">             Category/ Type           </div>	
<div style="flex: 1;">           Candidate Name         </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;">             Category/ Type           </div>	
<div style="flex: 1;">           Office Sought: <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President            State:      District:         </div> <div style="flex: 1;">           Disbursement For:  <input type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </div>	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>CMDI</b>	
Mailing Address      7704 LEESBURG PIKE	<b>Transaction ID:</b> 2011M02L21A00302 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>01 / 20 / 2011</div> </div>
<div>City <b>FALLS CHURCH</b></div> <div>State <b>VA</b></div> <div>Zip Code <b>22043</b></div>	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">620.00</div>
<div style="flex: 1;">           Purpose of Disbursement  <b>FILE MAINTENANCE</b> </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;">             Category/ Type           </div>	
<div style="flex: 1;">           Candidate Name         </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;">             Category/ Type           </div>	
<div style="flex: 1;">           Office Sought: <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President            State:      District:         </div> <div style="flex: 1;">           Disbursement For:  <input type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </div>	
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CMDI <hr/> Mailing Address      7704 LEESBURG PIKE <hr/> City                                  State                  Zip Code FALLS CHURCH                  VA                  22043 <hr/> Purpose of Disbursement FILE MAINTENANCE Candidate Name <div style="float: right; border: 1px solid black; padding: 2px;">Category/ Type</div> <hr/> Office Sought: <input type="checkbox"/> House                  Disbursement For: <input type="checkbox"/> Senate <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State:                  District:	<b>Transaction ID:</b> 2011M02L21A00303 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 1 1</div> </div> <hr/> Amount of Each Disbursement this Period <div style="text-align: center; border: 1px solid gray; padding: 5px;">874.51</div>
<b>B.</b> Full Name (Last, First, Middle Initial) CMDI <hr/> Mailing Address      7704 LEESBURG PIKE <hr/> City                                  State                  Zip Code FALLS CHURCH                  VA                  22043 <hr/> Purpose of Disbursement FILE MAINTENANCE Candidate Name <div style="float: right; border: 1px solid black; padding: 2px;">Category/ Type</div> <hr/> Office Sought: <input type="checkbox"/> House                  Disbursement For: <input type="checkbox"/> Senate <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State:                  District:	<b>Transaction ID:</b> 2011M02L21A00304 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 1</div> </div> <hr/> Amount of Each Disbursement this Period <div style="text-align: center; border: 1px solid gray; padding: 5px;">930.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) CMDI <hr/> Mailing Address      7704 LEESBURG PIKE <hr/> City                                  State                  Zip Code FALLS CHURCH                  VA                  22043 <hr/> Purpose of Disbursement FILE MAINTENANCE Candidate Name <div style="float: right; border: 1px solid black; padding: 2px;">Category/ Type</div> <hr/> Office Sought: <input type="checkbox"/> House                  Disbursement For: <input type="checkbox"/> Senate <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State:                  District:	<b>Transaction ID:</b> 2011M02L21A00305 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 1 1</div> </div> <hr/> Amount of Each Disbursement this Period <div style="text-align: center; border: 1px solid gray; padding: 5px;">1645.00</div>
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CMDI	<b>Transaction ID:</b> 2011M02L21A00306 <b>Date of Disbursement</b>
Mailing Address 7704 LEESBURG PIKE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 6 / 2 0 1 1</div> </div>
City FALLS CHURCH State VA Zip Code 22043	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement FILE MAINTENANCE Candidate Name	<div>1687.50</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) CMDI	<b>Transaction ID:</b> 2011M02L21A00307 <b>Date of Disbursement</b>
Mailing Address 7704 LEESBURG PIKE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 6 / 2 0 1 1</div> </div>
City FALLS CHURCH State VA Zip Code 22043	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement FILE MAINTENANCE Candidate Name	<div>1751.96</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) CMDI	<b>Transaction ID:</b> 2011M02L21A00308 <b>Date of Disbursement</b>
Mailing Address 7704 LEESBURG PIKE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City FALLS CHURCH State VA Zip Code 22043	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement FILE MAINTENANCE Candidate Name	<div>1891.04</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

**5330.50**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1105 / 1391

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE	<b>Transaction ID:</b> 2011M02L21A00309 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 6 / 2 0 1 1</div> </div>
City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement FILE MAINTENANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>3663.87</div>
<b>B.</b> Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement FILE MAINTENANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00310 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>5131.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement FILE MAINTENANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00311 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>10849.43</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**19644.30**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) <b>CMDI</b>	<b>Transaction ID:</b> 2011M02L21A00312 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>01 / 20 / 2011</div> </div>
Mailing Address     7704 LEESBURG PIKE	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">43397.72</div>
<div style="display: flex; justify-content: space-between;"> <span>City <b>FALLS CHURCH</b></span> <span>State <b>VA</b></span> <span>Zip Code <b>22043</b></span> </div>	
Purpose of Disbursement <b>FILE MAINTENANCE</b>	
Candidate Name	
<div style="border: 1px solid black; padding: 2px; text-align: center;">Category/ Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:                District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) <b>GEORGE COLLINS</b>	
<b>Transaction ID:</b> 2011M02L21A00313 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>01 / 13 / 2011</div> </div>	
Mailing Address     3010 SOUTH GRISET PLACE	
<div style="display: flex; justify-content: space-between;"> <span>City <b>SANTA ANA</b></span> <span>State <b>CA</b></span> <span>Zip Code <b>92704</b></span> </div>	
Purpose of Disbursement <b>VIDEO PRODUCTION</b>	
Candidate Name	
<div style="border: 1px solid black; padding: 2px; text-align: center;">Category/ Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:                District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>COMCAST</b>	
<b>Transaction ID:</b> 2011M02L21A00314 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>01 / 20 / 2011</div> </div>	
Mailing Address     P O BOX 3005	
<div style="display: flex; justify-content: space-between;"> <span>City <b>SOUTHEASTERN</b></span> <span>State <b>PA</b></span> <span>Zip Code <b>19398</b></span> </div>	
Purpose of Disbursement <b>CABLE TV SERVICES</b>	
Candidate Name	
<div style="border: 1px solid black; padding: 2px; text-align: center;">Category/ Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:                District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1107 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial)  
COMMUNICATIONS CORPORATIONMailing Address OF AMERICA  
13195 FREEDOM WAY

City BOSTON State VA Zip Code 22713

Purpose of Disbursement  
PRINT, MAIL PRODUCTION

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00315

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	1

Amount of Each Disbursement this Period

14344.03

**B.** Full Name (Last, First, Middle Initial)  
COMMUNICATIONS CORPORATIONMailing Address OF AMERICA  
13195 FREEDOM WAY

City BOSTON State VA Zip Code 22713

Purpose of Disbursement  
PRINT, MAIL PRODUCTION

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00316

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	1	1

Amount of Each Disbursement this Period

50000.00

**C.** Full Name (Last, First, Middle Initial)  
COMMUNICATIONS ENGINEERING, INCMailing Address 8500 CINDER BED RD  
SUITE 100

City NEWINGTON State VA Zip Code 22122-8500

Purpose of Disbursement  
BUILDING MAINTENANCE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00317

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	1	1

Amount of Each Disbursement this Period

95.40

SUBTOTAL of Disbursements This Page (optional) .....

64439.43

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1109 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 COMMUNICATIONS ENGINEERING, INC

Mailing Address 8500 CINDER BED RD  
 SUITE 100

City NEWINGTON State VA Zip Code 22122-8500

Purpose of Disbursement  
 BUILDING MAINTENANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00321  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

466.40

**B.** Full Name (Last, First, Middle Initial)  
 COMPASS POINT STRATEGIES, LLC

Mailing Address 3930 YELLOWSTONE LANE N.

City PLYMOUTH State MN Zip Code 55446

Purpose of Disbursement  
 POLITICAL SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00322  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

5750.00

**C.** Full Name (Last, First, Middle Initial)  
 COMPASS POINT STRATEGIES, LLC

Mailing Address 3930 YELLOWSTONE LANE N.

City PLYMOUTH State MN Zip Code 55446

Purpose of Disbursement  
 POLITICAL SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00323  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

5750.00

**SUBTOTAL** of Disbursements This Page (optional) .....

11966.40

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1111 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial)          DC WATER &amp; SEWER AUTHORITY</p> <p>Mailing Address CUSTOMER SERVICE DEPT.          PO BOX 97200</p> <p>City WASHINGTON State DC Zip Code 20090</p> <p>Purpose of Disbursement UTILITIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00327</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2663.78"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial)          DELL MARKETING L.P.</p> <p>Mailing Address C/O DELL USA L.P.          PO BOX 643561</p> <p>City PITTSBURGH State PA Zip Code 15264</p> <p>Purpose of Disbursement COMPUTER EQUIPMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00328</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6566.46"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial)          DONNELLEY MARKETING DIVISION</p> <p>Mailing Address PO BOX 3603</p> <p>City OMAHA State NE Zip Code 68103</p> <p>Purpose of Disbursement LIST PROCESSING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00329</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6059.48"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**15289.72**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1112 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**DONNELLEY MARKETING DIVISION**

Mailing Address **PO BOX 3603**

City **OMAHA** State **NE** Zip Code **68103**

Purpose of Disbursement  
**LIST PROCESSING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2011M02L21A00330

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**12672.57**

**B.** Full Name (Last, First, Middle Initial)  
**EAST MERIDIAN STRATEGIES, LLC**

Mailing Address **219 EAST TAYLOR RUN PARKWAY**

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Disbursement  
**POLITICAL SERVICES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2011M02L21A00331

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**10000.00**

**C.** Full Name (Last, First, Middle Initial)  
**EAST MERIDIAN STRATEGIES, LLC**

Mailing Address **219 EAST TAYLOR RUN PARKWAY**

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Disbursement  
**TELEMARKETING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2011M02L21A00332

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**300.00**

**SUBTOTAL** of Disbursements This Page (optional) .....

**22972.57**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1113 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) EAST MERIDIAN STRATEGIES, LLC	<b>Transaction ID:</b> 2011M02L21A00333 <b>Date of Disbursement</b>																				
Mailing Address 219 EAST TAYLOR RUN PARKWAY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEMARKETING Candidate Name	<table border="1"> <tr> <td colspan="10">587.64</td> </tr> </table>	587.64																			
587.64																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) EAST MERIDIAN STRATEGIES, LLC	<b>Transaction ID:</b> 2011M02L21A00334 <b>Date of Disbursement</b>																				
Mailing Address 219 EAST TAYLOR RUN PARKWAY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEMARKETING Candidate Name	<table border="1"> <tr> <td colspan="10">658.25</td> </tr> </table>	658.25																			
658.25																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) EAST MERIDIAN STRATEGIES, LLC	<b>Transaction ID:</b> 2011M02L21A00335 <b>Date of Disbursement</b>																				
Mailing Address 219 EAST TAYLOR RUN PARKWAY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEMARKETING Candidate Name	<table border="1"> <tr> <td colspan="10">1052.36</td> </tr> </table>	1052.36																			
1052.36																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**2298.25**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1114 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) EAST MERIDIAN STRATEGIES, LLC	<b>Transaction ID:</b> 2011M02L21A00336 <b>Date of Disbursement</b>																				
Mailing Address 219 EAST TAYLOR RUN PARKWAY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEMARKETING Candidate Name	<table border="1"> <tr> <td colspan="10">1083.12</td> </tr> </table>	1083.12																			
1083.12																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) EAST MERIDIAN STRATEGIES, LLC	<b>Transaction ID:</b> 2011M02L21A00337 <b>Date of Disbursement</b>																				
Mailing Address 219 EAST TAYLOR RUN PARKWAY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEMARKETING Candidate Name	<table border="1"> <tr> <td colspan="10">1461.24</td> </tr> </table>	1461.24																			
1461.24																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) EAST MERIDIAN STRATEGIES, LLC	<b>Transaction ID:</b> 2011M02L21A00338 <b>Date of Disbursement</b>																				
Mailing Address 219 EAST TAYLOR RUN PARKWAY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEMARKETING Candidate Name	<table border="1"> <tr> <td colspan="10">1722.74</td> </tr> </table>	1722.74																			
1722.74																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**4267.10**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1115 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 EAST MERIDIAN STRATEGIES, LLC

Mailing Address 219 EAST TAYLOR RUN PARKWAY

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
 TELEMARKETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 2011M02L21A00339

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2543.60

**B.**

Full Name (Last, First, Middle Initial)  
 EAST MERIDIAN STRATEGIES, LLC

Mailing Address 219 EAST TAYLOR RUN PARKWAY

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
 TELEMARKETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 2011M02L21A00340

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2911.56

**C.**

Full Name (Last, First, Middle Initial)  
 EAST MERIDIAN STRATEGIES, LLC

Mailing Address 219 EAST TAYLOR RUN PARKWAY

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
 TELEMARKETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 2011M02L21A00341

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3772.71

**SUBTOTAL** of Disbursements This Page (optional) .....

9227.87

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1116 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
EAST MERIDIAN STRATEGIES, LLC

Mailing Address 219 EAST TAYLOR RUN PARKWAY

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
TELEMARKETING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00342

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	1

Amount of Each Disbursement this Period

4383.77

**B.**Full Name (Last, First, Middle Initial)  
EAST MERIDIAN STRATEGIES, LLC

Mailing Address 219 EAST TAYLOR RUN PARKWAY

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
TELEMARKETING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00343

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	1

Amount of Each Disbursement this Period

5526.90

**C.**Full Name (Last, First, Middle Initial)  
EAST MERIDIAN STRATEGIES, LLC

Mailing Address 219 EAST TAYLOR RUN PARKWAY

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
TELEMARKETING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00344

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	1	1

Amount of Each Disbursement this Period

11899.58

SUBTOTAL of Disbursements This Page (optional) .....

21810.25

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1117 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) BOB ELLSWORTH	<b>Transaction ID:</b> 2011M02L21A00345 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement INTERNET SUBSCRIPTION	<table border="1"> <tr> <td>32.00</td> </tr> </table>	32.00																			
32.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) BOB ELLSWORTH	<b>Transaction ID:</b> 2011M02L21A00346 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PHONE SERVICES	<table border="1"> <tr> <td>86.00</td> </tr> </table>	86.00																			
86.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) BOB ELLSWORTH	<b>Transaction ID:</b> 2011M02L21A00347 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PHONE SERVICES	<table border="1"> <tr> <td>86.00</td> </tr> </table>	86.00																			
86.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

204.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1118 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) EVENT STRATEGIES, INC	<b>Transaction ID:</b> 2011M02L21A00348 <b>Date of Disbursement</b>																				
Mailing Address 211 NORTH UNIION ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City ALEXANDRIA State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement A/V EQUIPMENT RENTAL Candidate Name	<table border="1"> <tr> <td colspan="10">15111.62</td> </tr> </table>	15111.62																			
15111.62																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) EVERY PROMOTIONAL PRODUCT	<b>Transaction ID:</b> 2011M02L21A00349 <b>Date of Disbursement</b>																				
Mailing Address 30401 AGOURA RD SUITE 102	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City AGOURA HILLS State CA Zip Code 91301	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PROMOTIONAL MATERIALS Candidate Name	<table border="1"> <tr> <td colspan="10">1091.78</td> </tr> </table>	1091.78																			
1091.78																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) EVERY PROMOTIONAL PRODUCT	<b>Transaction ID:</b> 2011M02L21A00350 <b>Date of Disbursement</b>																				
Mailing Address 30401 AGOURA RD SUITE 102	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City AGOURA HILLS State CA Zip Code 91301	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PROMOTIONAL MATERIALS Candidate Name	<table border="1"> <tr> <td colspan="10">1597.98</td> </tr> </table>	1597.98																			
1597.98																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**17801.38**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1119 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial)  <b>EVERY PROMOTIONAL PRODUCT</b></p> <p>Mailing Address 30401 AGOURA RD          SUITE 102</p> <p>City AGOURA HILLS State CA Zip Code 91301</p> <p>Purpose of Disbursement          PROMOTIONAL MATERIALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00351  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>1796.80</div></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial)  <b>EVERY PROMOTIONAL PRODUCT</b></p> <p>Mailing Address 30401 AGOURA RD          SUITE 102</p> <p>City AGOURA HILLS State CA Zip Code 91301</p> <p>Purpose of Disbursement          PROMOTIONAL MATERIALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00352  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>2478.93</div></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial)  <b>EXXON MOBIL</b></p> <p>Mailing Address PROCESSING CENTER          PO BOX 688938</p> <p>City DES MOINES State IA Zip Code 50368</p> <p>Purpose of Disbursement          FUEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00353  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>49.00</div></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**4324.73**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) EXXON MOBIL	<b>Transaction ID:</b> 2011M02L21A00354 <b>Date of Disbursement</b>
Mailing Address PROCESSING CENTER PO BOX 688938	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div>
City DES MOINES State IA Zip Code 50368	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement FUEL Candidate Name	<div>873.69</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) FACTIVA, INC	<b>Transaction ID:</b> 2011M02L21A00355 <b>Date of Disbursement</b>
Mailing Address DOW JONES & CO. PO BOX 30994	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 6 / 2 0 1 1</div> </div>
City NEW YORK State NY Zip Code 10087-0994	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement SUBSCRIPTION Candidate Name	<div>2095.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) FED EX	<b>Transaction ID:</b> 2011M02L21A00356 <b>Date of Disbursement</b>
Mailing Address P O BOX 371461	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div>
City PITTSBURGH State PA Zip Code 15250	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement DELIVERY SERVICES Candidate Name	<div>4.14</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

2972.83

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) <b>FED EX</b> <hr/> Mailing Address      P O BOX 371461	<b>Transaction ID:</b> 2011M02L21A00357 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y <b>0 1 / 1 3 / 2 0 1 1</b></span> </div>
City                                  State                                  Zip Code <b>PITTSBURGH</b> PA                                  15250	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; height: 20px; width: 100%; text-align: right; padding-right: 10px;"><b>4.34</b></div>
Purpose of Disbursement <b>DELIVERY SERVICES</b>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Candidate Name	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:                          District:	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>FED EX</b> <hr/> Mailing Address      P O BOX 371461	<b>Transaction ID:</b> 2011M02L21A00358 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y <b>0 1 / 1 3 / 2 0 1 1</b></span> </div>
City                                  State                                  Zip Code <b>PITTSBURGH</b> PA                                  15250	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; height: 20px; width: 100%; text-align: right; padding-right: 10px;"><b>4.58</b></div>
Purpose of Disbursement <b>DELIVERY SERVICES</b>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Candidate Name	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:                          District:	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>FED EX</b> <hr/> Mailing Address      P O BOX 371461	<b>Transaction ID:</b> 2011M02L21A00359 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y <b>0 1 / 1 3 / 2 0 1 1</b></span> </div>
City                                  State                                  Zip Code <b>PITTSBURGH</b> PA                                  15250	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; height: 20px; width: 100%; text-align: right; padding-right: 10px;"><b>4.58</b></div>
Purpose of Disbursement <b>DELIVERY SERVICES</b>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Candidate Name	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:                          District:	
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div style="border: 1px solid black; height: 20px; width: 100%; text-align: right; padding-right: 10px;"><b>13.50</b></div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1123 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) FED EX			Transaction ID: 2011M02L21A00363 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 1 1	
	Mailing Address P O BOX 371461				
	City PITTSBURGH	State PA	Zip Code 15250	Amount of Each Disbursement this Period 5.68	
	Purpose of Disbursement DELIVERY SERVICES		Category/ Type		
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
<b>B.</b>	Full Name (Last, First, Middle Initial) FED EX			Transaction ID: 2011M02L21A00364 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 1 1	
	Mailing Address P O BOX 371461				
	City PITTSBURGH	State PA	Zip Code 15250	Amount of Each Disbursement this Period 6.88	
	Purpose of Disbursement DELIVERY SERVICES		Category/ Type		
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
<b>C.</b>	Full Name (Last, First, Middle Initial) FED EX			Transaction ID: 2011M02L21A00365 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 1	
	Mailing Address P O BOX 371461				
	City PITTSBURGH	State PA	Zip Code 15250	Amount of Each Disbursement this Period 8.78	
	Purpose of Disbursement DELIVERY SERVICES		Category/ Type		
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					

SUBTOTAL of Disbursements This Page (optional) .....

21.34

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1125 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) FED EX	<b>Transaction ID:</b> 2011M02L21A00369 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 371461	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
<table border="1"> <tr> <td>City PITTSBURGH</td> <td>State PA</td> <td>Zip Code 15250</td> </tr> <tr> <td colspan="2">Purpose of Disbursement DELIVERY SERVICES</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City PITTSBURGH	State PA	Zip Code 15250	Purpose of Disbursement DELIVERY SERVICES		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>15.80</td> </tr> </table>	15.80											
City PITTSBURGH	State PA	Zip Code 15250																			
Purpose of Disbursement DELIVERY SERVICES		<input type="text"/> Category/ Type																			
Candidate Name																					
15.80																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) FED EX	<b>Transaction ID:</b> 2011M02L21A00370 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 371461	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
<table border="1"> <tr> <td>City PITTSBURGH</td> <td>State PA</td> <td>Zip Code 15250</td> </tr> <tr> <td colspan="2">Purpose of Disbursement DELIVERY SERVICES</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City PITTSBURGH	State PA	Zip Code 15250	Purpose of Disbursement DELIVERY SERVICES		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>16.74</td> </tr> </table>	16.74											
City PITTSBURGH	State PA	Zip Code 15250																			
Purpose of Disbursement DELIVERY SERVICES		<input type="text"/> Category/ Type																			
Candidate Name																					
16.74																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) FED EX	<b>Transaction ID:</b> 2011M02L21A00371 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 371461	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
<table border="1"> <tr> <td>City PITTSBURGH</td> <td>State PA</td> <td>Zip Code 15250</td> </tr> <tr> <td colspan="2">Purpose of Disbursement DELIVERY SERVICES</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City PITTSBURGH	State PA	Zip Code 15250	Purpose of Disbursement DELIVERY SERVICES		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>18.00</td> </tr> </table>	18.00											
City PITTSBURGH	State PA	Zip Code 15250																			
Purpose of Disbursement DELIVERY SERVICES		<input type="text"/> Category/ Type																			
Candidate Name																					
18.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

50.54

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) FED EX Mailing Address P O BOX 371461	<b>Transaction ID:</b> 2011M02L21A00372 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City PITTSBURGH State PA Zip Code 15250 Purpose of Disbursement DELIVERY SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>22.98</div>
<b>B.</b> Full Name (Last, First, Middle Initial) FED EX Mailing Address P O BOX 371461 City PITTSBURGH State PA Zip Code 15250 Purpose of Disbursement DELIVERY SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00373 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>24.83</div>
<b>C.</b> Full Name (Last, First, Middle Initial) FED EX Mailing Address P O BOX 371461 City PITTSBURGH State PA Zip Code 15250 Purpose of Disbursement DELIVERY SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00374 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>28.34</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**76.15**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1127 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) FED EX	<b>Transaction ID:</b> 2011M02L21A00375 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 371461	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City PITTSBURGH State PA Zip Code 15250	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement DELIVERY SERVICES	<table border="1"> <tr> <td colspan="10">39.44</td> </tr> </table>	39.44																			
39.44																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) FED EX	<b>Transaction ID:</b> 2011M02L21A00376 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 371461	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City PITTSBURGH State PA Zip Code 15250	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement DELIVERY SERVICES	<table border="1"> <tr> <td colspan="10">43.53</td> </tr> </table>	43.53																			
43.53																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) FED EX	<b>Transaction ID:</b> 2011M02L21A00377 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 371461	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City PITTSBURGH State PA Zip Code 15250	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement DELIVERY SERVICES	<table border="1"> <tr> <td colspan="10">45.22</td> </tr> </table>	45.22																			
45.22																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

128.19

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1128 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>FED EX</b>	<b>Transaction ID:</b> 2011M02L21A00378 <b>Date of Disbursement</b>																				
Mailing Address <b>P O BOX 371461</b>	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City <b>PITTSBURGH</b> State <b>PA</b> Zip Code <b>15250</b> Purpose of Disbursement <b>DELIVERY SERVICES</b> Candidate Name	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>68.04</td> </tr> </table>	68.04																			
68.04																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) <b>FED EX</b>	<b>Transaction ID:</b> 2011M02L21A00379 <b>Date of Disbursement</b>																				
Mailing Address <b>P O BOX 371461</b>	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City <b>PITTSBURGH</b> State <b>PA</b> Zip Code <b>15250</b> Purpose of Disbursement <b>DELIVERY SERVICES</b> Candidate Name	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>70.82</td> </tr> </table>	70.82																			
70.82																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) <b>FED EX</b>	<b>Transaction ID:</b> 2011M02L21A00380 <b>Date of Disbursement</b>																				
Mailing Address <b>P O BOX 371461</b>	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City <b>PITTSBURGH</b> State <b>PA</b> Zip Code <b>15250</b> Purpose of Disbursement <b>DELIVERY SERVICES</b> Candidate Name	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>71.64</td> </tr> </table>	71.64																			
71.64																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**210.50**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 FEDERAL NEWS SERVICE, LLC

Mailing Address SDS 12-3014  
 PO BOX 86

City MINNEAPOLIS State MN Zip Code 55486

Purpose of Disbursement  
 SUBSCRIPTION

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2011M02L21A00390  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

595.00

**B.** Full Name (Last, First, Middle Initial)  
 FIRST TUESDAY IN NOVEMBER

Mailing Address 325 E. JIMMIE LEEDS RD  
 SUITE 117

City GALLOWAY State NJ Zip Code 08205

Purpose of Disbursement  
 PHONE SERVICES

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2011M02L21A00391  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

520.50

**C.** Full Name (Last, First, Middle Initial)  
 FIRST TUESDAY IN NOVEMBER

Mailing Address 325 E. JIMMIE LEEDS RD  
 SUITE 117

City GALLOWAY State NJ Zip Code 08205

Purpose of Disbursement  
 PHONE SERVICES

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2011M02L21A00392  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

1336.31

**SUBTOTAL** of Disbursements This Page (optional) .....

2451.81

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 FIRST TUESDAY IN NOVEMBER

Mailing Address 325 E. JIMMIE LEEDS RD  
 SUITE 117

City GALLOWAY State NJ Zip Code 08205

Purpose of Disbursement  
 PHONE SERVICES

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00393  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

1456.64

**B.**

Full Name (Last, First, Middle Initial)  
 FIRST TUESDAY IN NOVEMBER

Mailing Address 325 E. JIMMIE LEEDS RD  
 SUITE 117

City GALLOWAY State NJ Zip Code 08205

Purpose of Disbursement  
 PHONE SERVICES

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00394  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

8560.00

**C.**

Full Name (Last, First, Middle Initial)  
 FLS CONNECT, LLC

Mailing Address 7300 HUDSON BLVD  
 SUITE 270

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement  
 TELEMARKETING

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00395  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

489.06

**SUBTOTAL** of Disbursements This Page (optional) .....

10505.70

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)          FLS CONNECT, LLC</p> <p>Mailing Address 7300 HUDSON BLVD          SUITE 270</p> <p>City SAINT PAUL State MN Zip Code 55128</p> <p>Purpose of Disbursement          TELEMARKETING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00399</p> <p>Date of Disbursement          M M / D D / Y Y Y Y          0 1 / 0 6 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period          1780.83</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)          FLS CONNECT, LLC</p> <p>Mailing Address 7300 HUDSON BLVD          SUITE 270</p> <p>City SAINT PAUL State MN Zip Code 55128</p> <p>Purpose of Disbursement          TELEMARKETING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00400</p> <p>Date of Disbursement          M M / D D / Y Y Y Y          0 1 / 2 0 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period          6057.45</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)          FLS CONNECT, LLC</p> <p>Mailing Address 7300 HUDSON BLVD          SUITE 270</p> <p>City SAINT PAUL State MN Zip Code 55128</p> <p>Purpose of Disbursement          TELEMARKETING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00401</p> <p>Date of Disbursement          M M / D D / Y Y Y Y          0 1 / 0 6 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period          10181.60</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

18019.88

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) FORD MOTOR COMPANY	<b>Transaction ID:</b> 2011M02L21A00405 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 70548	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City CHICAGO State IL Zip Code 60673	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement VEHICLE LEASING	<table border="1"> <tr> <td colspan="10">675.00</td> </tr> </table>	675.00																			
675.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) FORD MOTOR COMPANY	<b>Transaction ID:</b> 2011M02L21A00406 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 70548	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City CHICAGO State IL Zip Code 60673	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement VEHICLE LEASING	<table border="1"> <tr> <td colspan="10">700.00</td> </tr> </table>	700.00																			
700.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) FORD MOTOR COMPANY	<b>Transaction ID:</b> 2011M02L21A00407 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 70548	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City CHICAGO State IL Zip Code 60673	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement VEHICLE LEASING	<table border="1"> <tr> <td colspan="10">700.00</td> </tr> </table>	700.00																			
700.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**2075.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>FORD MOTOR COMPANY</b> <hr/> Mailing Address <b>PO BOX 70548</b>	<b>Transaction ID:</b> 2011M02L21A00408 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
<div> <div>City <b>CHICAGO</b> State <b>IL</b> Zip Code <b>60673</b></div> <div> <div>Purpose of Disbursement <b>VEHICLE LEASING</b></div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> </div> <div>Category/Type</div>	<b>Amount of Each Disbursement this Period</b> <div>750.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>FORD MOTOR COMPANY</b> <hr/> Mailing Address <b>PO BOX 70548</b>	<b>Transaction ID:</b> 2011M02L21A00409 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div>
<div> <div>City <b>CHICAGO</b> State <b>IL</b> Zip Code <b>60673</b></div> <div> <div>Purpose of Disbursement <b>VEHICLE LEASING</b></div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> </div> <div>Category/Type</div>	<b>Amount of Each Disbursement this Period</b> <div>750.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) <b>FORWARD THINKING STRATEGIES</b> <hr/> Mailing Address <b>1701 PENNSYLVANIA AVE, NW</b>	<b>Transaction ID:</b> 2011M02L21A00410 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 6 / 2 0 1 1</div> </div>
<div> <div>City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20006</b></div> <div> <div>Purpose of Disbursement <b>PROMOTIONAL MATERIALS</b></div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> </div> <div>Category/Type</div>	<b>Amount of Each Disbursement this Period</b> <div>2465.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3965.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 FRONT PORCH STRATEGIES

Mailing Address 243 NORTH FIFTH STREET  
 SUITE 330

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement  
 TELEMARKETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00411  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

6173.78

**B.** Full Name (Last, First, Middle Initial)  
 GAYLORD NATIONAL RESORT

Mailing Address & CONVENTION CENTER  
 201 WATERFRONT STREET

City NATIONAL HARBOR State MD Zip Code 20745

Purpose of Disbursement  
 CATERING/VENUE RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00412  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

91991.27

**C.** Full Name (Last, First, Middle Initial)  
 GOP SHOPPE.COM

Mailing Address 899 AIRPORT PARK ROAD

City GLEN BURNIE State MD Zip Code 21043

Purpose of Disbursement  
 PROMOTIONAL MATERIALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00413  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

12754.36

**SUBTOTAL** of Disbursements This Page (optional) .....

110919.41

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1140 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
HANCE SCARBOROUGH LLPMailing Address 111 CONGRESS AVE  
SUITE 500

City Austin State TX Zip Code 78701

Purpose of Disbursement  
LEGAL SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00414

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	1	1

Amount of Each Disbursement this Period

2234.91

**B.**Full Name (Last, First, Middle Initial)  
HARPER COLLINS PUBLISHERS

Mailing Address PO BOX 360846

City PITTSBURGH State PA Zip Code 15251

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00415

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	1	1

Amount of Each Disbursement this Period

11277.56

**C.**Full Name (Last, First, Middle Initial)  
MARY HEITMAN

Mailing Address 310 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
TRANSPORTATION SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00416

Date of Disbursement

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Amount of Each Disbursement this Period

778.70

SUBTOTAL of Disbursements This Page (optional) .....

14291.17

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1141 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MARY HEITMAN	<b>Transaction ID:</b> 2011M02L21A00417 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-PARKING Candidate Name	<table border="1"> <tr> <td colspan="10">12.00</td> </tr> </table>	12.00																			
12.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MARY HEITMAN	<b>Transaction ID:</b> 2011M02L21A00418 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-PARKING Candidate Name	<table border="1"> <tr> <td colspan="10">14.00</td> </tr> </table>	14.00																			
14.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MARY HEITMAN	<b>Transaction ID:</b> 2011M02L21A00419 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-PARKING Candidate Name	<table border="1"> <tr> <td colspan="10">17.00</td> </tr> </table>	17.00																			
17.00																					
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**SUBTOTAL** of Disbursements This Page (optional) .....

**43.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1142 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MARY HEITMAN	<b>Transaction ID:</b> 2011M02L21A00420 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-PARKING Candidate Name	<table border="1"> <tr> <td colspan="10">18.00</td> </tr> </table>	18.00																			
18.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MARY HEITMAN	<b>Transaction ID:</b> 2011M02L21A00421 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-PARKING Candidate Name	<table border="1"> <tr> <td colspan="10">35.00</td> </tr> </table>	35.00																			
35.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MARY HEITMAN	<b>Transaction ID:</b> 2011M02L21A00422 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-PARKING Candidate Name	<table border="1"> <tr> <td colspan="10">110.00</td> </tr> </table>	110.00																			
110.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**163.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1143 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) DOUG HEYE	<b>Transaction ID:</b> 2011M02L21A00423 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LODGING	<table border="1"> <tr> <td>260.54</td> </tr> </table>	260.54																			
260.54																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) DOUG HEYE	<b>Transaction ID:</b> 2011M02L21A00424 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-MEALS	<table border="1"> <tr> <td>26.72</td> </tr> </table>	26.72																			
26.72																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) DOUG HEYE	<b>Transaction ID:</b> 2011M02L21A00425 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-TAXI	<table border="1"> <tr> <td>22.00</td> </tr> </table>	22.00																			
22.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**309.26**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1146 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) NANCY D HIBBS Mailing Address 310 FIRST STREET SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00432 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	0	/	2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y											
	0	1	/	2	0	/	2	0	1	1											
	Amount of Each Disbursement this Period <table border="1"> <tr> <td>86.59</td> </tr> </table>	86.59																			
	86.59																				
Category/ Type																					
<b>B.</b> Full Name (Last, First, Middle Initial) NANCY D HIBBS Mailing Address 310 FIRST STREET SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00433 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	3	/	2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y											
	0	1	/	1	3	/	2	0	1	1											
	Amount of Each Disbursement this Period <table border="1"> <tr> <td>165.00</td> </tr> </table>	165.00																			
	165.00																				
Category/ Type																					
<b>C.</b> Full Name (Last, First, Middle Initial) NANCY D HIBBS Mailing Address 310 FIRST STREET SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00434 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	8	/	2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y											
	0	1	/	2	8	/	2	0	1	1											
	Amount of Each Disbursement this Period <table border="1"> <tr> <td>378.00</td> </tr> </table>	378.00																			
	378.00																				
Category/ Type																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**629.59**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1147 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) NANCY D HIBBS	<b>Transaction ID:</b> 2011M02L21A00435 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-FUEL	<table border="1"> <tr> <td colspan="10">12.77</td> </tr> </table>	12.77																			
12.77																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) NANCY D HIBBS	<b>Transaction ID:</b> 2011M02L21A00436 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-MEALS	<table border="1"> <tr> <td colspan="10">22.76</td> </tr> </table>	22.76																			
22.76																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) HIRSCH FINANCIAL SERVICES, INC	<b>Transaction ID:</b> 2011M02L21A00437 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 1550	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City HUNT VALLEY State MD Zip Code 21030	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement INSURANCE	<table border="1"> <tr> <td colspan="10">621.00</td> </tr> </table>	621.00																			
621.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**656.53**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1148 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) THOMAS HOFELLER	<b>Transaction ID:</b> 2011M02L21A00438 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement REDISTRICTING SUPPORT Candidate Name	<table border="1"> <tr> <td colspan="10">16000.00</td> </tr> </table>	16000.00																			
16000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) THOMAS HOFELLER	<b>Transaction ID:</b> 2011M02L21A00439 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-MEALS Candidate Name	<table border="1"> <tr> <td colspan="10">17.49</td> </tr> </table>	17.49																			
17.49																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) THOMAS HOFELLER	<b>Transaction ID:</b> 2011M02L21A00440 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-PARKING Candidate Name	<table border="1"> <tr> <td colspan="10">31.00</td> </tr> </table>	31.00																			
31.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

16048.49

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1149 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THOMAS HOFELLER

Mailing Address 310 FIRST STREET SE

City  
 WASHINGTON

State  
 DC

Zip Code  
 20003

Purpose of Disbursement  
 TRAVEL-PARKING

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00441

Date of Disbursement

/   /

Amount of Each Disbursement this Period

38.00

**B.**

Full Name (Last, First, Middle Initial)

THOMAS HOFELLER

Mailing Address 310 FIRST STREET SE

City  
 WASHINGTON

State  
 DC

Zip Code  
 20003

Purpose of Disbursement  
 TRAVEL-PARKING

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00442

Date of Disbursement

/   /

Amount of Each Disbursement this Period

38.00

**C.**

Full Name (Last, First, Middle Initial)

THOMAS HOFELLER

Mailing Address 310 FIRST STREET SE

City  
 WASHINGTON

State  
 DC

Zip Code  
 20003

Purpose of Disbursement  
 TRAVEL-TAXI

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00443

Date of Disbursement

/   /

Amount of Each Disbursement this Period

19.00

**SUBTOTAL** of Disbursements This Page (optional) .....

95.00

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) <b>ICS CORPORATION</b>	<b>Transaction ID:</b> 2011M02L21A00444 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M 01</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">Y 2011</div> </div>	
Mailing Address <b>2225 RICHMOND STREET</b>	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">1950.00</div>	
<div>City <b>PHILADELPHIA</b></div> <div>State <b>PA</b></div> <div>Zip Code <b>19125</b></div>		
<div style="flex: 1;">         Purpose of Disbursement  <b>MAIL PRODUCTION</b> </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;">           Category/ Type         </div>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                  District:		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>ICS CORPORATION</b>		<b>Transaction ID:</b> 2011M02L21A00445 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M 01</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">D 13</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">Y 2011</div> </div>
Mailing Address <b>2225 RICHMOND STREET</b>	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">2710.96</div>	
<div>City <b>PHILADELPHIA</b></div> <div>State <b>PA</b></div> <div>Zip Code <b>19125</b></div>		
<div style="flex: 1;">         Purpose of Disbursement  <b>MAIL PRODUCTION</b> </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;">           Category/ Type         </div>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                  District:		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>ICS CORPORATION</b>		<b>Transaction ID:</b> 2011M02L21A00446 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M 01</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">D 13</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">Y 2011</div> </div>
Mailing Address <b>2225 RICHMOND STREET</b>	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">3185.00</div>	
<div>City <b>PHILADELPHIA</b></div> <div>State <b>PA</b></div> <div>Zip Code <b>19125</b></div>		
<div style="flex: 1;">         Purpose of Disbursement  <b>MAIL PRODUCTION</b> </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;">           Category/ Type         </div>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                  District:		
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶		<div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">7845.96</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		<div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;"> </div>

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1151 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) ICS CORPORATION Mailing Address 2225 RICHMOND STREET	<b>Transaction ID:</b> 2011M02L21A00447 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 6 / 2 0 1 1</div> </div>
City PHILADELPHIA State PA Zip Code 19125 Purpose of Disbursement MAIL PRODUCTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>22130.97</div>
<b>B.</b> Full Name (Last, First, Middle Initial) ICS CORPORATION Mailing Address 2225 RICHMOND STREET City PHILADELPHIA State PA Zip Code 19125 Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00448 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>5000.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) ICS CORPORATION Mailing Address 2225 RICHMOND STREET City PHILADELPHIA State PA Zip Code 19125 Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00449 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>30000.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

57130.97

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1152 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 IMPACT OFFICE PRODUCTS

Mailing Address P O BOX 403846

City ATLANTA State GA Zip Code 30384

Purpose of Disbursement  
 OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00450  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

-368.75

**B.**

Full Name (Last, First, Middle Initial)  
 IMPACT OFFICE PRODUCTS

Mailing Address P O BOX 403846

City ATLANTA State GA Zip Code 30384

Purpose of Disbursement  
 OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00451  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

264.99

**C.**

Full Name (Last, First, Middle Initial)  
 IMPACT OFFICE PRODUCTS

Mailing Address P O BOX 403846

City ATLANTA State GA Zip Code 30384

Purpose of Disbursement  
 OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00452  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

377.78

**SUBTOTAL** of Disbursements This Page (optional) .....

274.02

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) <b>IMPACT OFFICE PRODUCTS</b>	<b>Transaction ID:</b> 2011M02L21A00453 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>	
Mailing Address    P O BOX 403846	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: right; font-weight: bold;">1363.16</div>	
<div>City <b>ATLANTA</b></div> <div>State <b>GA</b></div> <div>Zip Code <b>30384</b></div>		
<div style="flex: 1;">           Purpose of Disbursement  <b>OFFICE SUPPLIES</b> </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;">             Category/ Type           </div>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                      District:		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>INTEGRAM</b>	<b>Transaction ID:</b> 2011M02L21A00454 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>0 1 / 1 4 / 2 0 1 1</div> </div>	
Mailing Address    22695 COMMERCE CENTER DR	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: right; font-weight: bold;">1894.10</div>	
<div>City <b>DULLES</b></div> <div>State <b>VA</b></div> <div>Zip Code <b>20166</b></div>		
<div style="flex: 1;">           Purpose of Disbursement  <b>POSTAGE</b> </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;">             Category/ Type           </div>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                      District:		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>JOHNSON CONTROLS</b>	<b>Transaction ID:</b> 2011M02L21A00455 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>0 1 / 0 6 / 2 0 1 1</div> </div>	
Mailing Address    P O BOX 905240	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: right; font-weight: bold;">5904.57</div>	
<div>City <b>CHARLOTTE</b></div> <div>State <b>NC</b></div> <div>Zip Code <b>28290-5240</b></div>		
<div style="flex: 1;">           Purpose of Disbursement  <b>EQUIPMENT MAINTENANCE</b> </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;">             Category/ Type           </div>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                      District:		
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶		<div style="border: 1px solid black; padding: 5px; text-align: right; font-weight: bold;">9161.83</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1154 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JEFFREY LACOURSE	<b>Transaction ID:</b> 2011M02L21A00456 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-MEALS	<table border="1"> <tr> <td colspan="10">15.37</td> </tr> </table>	15.37																			
15.37																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) JEFFREY LACOURSE	<b>Transaction ID:</b> 2011M02L21A00457 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-MEALS	<table border="1"> <tr> <td colspan="10">92.83</td> </tr> </table>	92.83																			
92.83																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JEFFREY LACOURSE	<b>Transaction ID:</b> 2011M02L21A00458 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-MILEAGE	<table border="1"> <tr> <td colspan="10">246.84</td> </tr> </table>	246.84																			
246.84																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**355.04**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1155 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JEFFREY LACOURSE	<b>Transaction ID:</b> 2011M02L21A00459 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-TAXI	<table border="1"> <tr> <td colspan="10">18.00</td> </tr> </table>	18.00																			
18.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) JEFFREY LACOURSE	<b>Transaction ID:</b> 2011M02L21A00460 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-TAXI	<table border="1"> <tr> <td colspan="10">31.00</td> </tr> </table>	31.00																			
31.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JAN LARIMER	<b>Transaction ID:</b> 2011M02L21A00461 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement AIR FARE	<table border="1"> <tr> <td colspan="10">318.40</td> </tr> </table>	318.40																			
318.40																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**367.40**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1156 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>JAN LARIMER</b>			<b>Transaction ID:</b> 2011M02L21A00462																					
	Mailing Address <b>310 FIRST STREET SE</b>			Date of Disbursement																					
	City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20003</b>			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	1		2	8		2	0	1	1															
Purpose of Disbursement <b>AIR FARE</b>			<table border="1"> <tr> <td colspan="10">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="10">448.60</td> </tr> </table>		Amount of Each Disbursement this Period										448.60										
Amount of Each Disbursement this Period																									
448.60																									
Candidate Name			Category/Type																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																									
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>JAN LARIMER</b>			<b>Transaction ID:</b> 2011M02L21A00463																					
	Mailing Address <b>310 FIRST STREET SE</b>			Date of Disbursement																					
	City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20003</b>			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	1		2	0		2	0	1	1															
Purpose of Disbursement <b>TIPS</b>			<table border="1"> <tr> <td colspan="10">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="10">95.00</td> </tr> </table>		Amount of Each Disbursement this Period										95.00										
Amount of Each Disbursement this Period																									
95.00																									
Candidate Name			Category/Type																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																									
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>JAN LARIMER</b>			<b>Transaction ID:</b> 2011M02L21A00464																					
	Mailing Address <b>310 FIRST STREET SE</b>			Date of Disbursement																					
	City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20003</b>			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	1		2	8		2	0	1	1															
Purpose of Disbursement <b>TRAVEL-TAXI</b>			<table border="1"> <tr> <td colspan="10">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="10">20.00</td> </tr> </table>		Amount of Each Disbursement this Period										20.00										
Amount of Each Disbursement this Period																									
20.00																									
Candidate Name			Category/Type																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																									

**SUBTOTAL** of Disbursements This Page (optional) .....

**563.60**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1157 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) LEADERSHIP DIRECTORIES	<b>Transaction ID:</b> 2011M02L21A00465 <b>Date of Disbursement</b>																				
Mailing Address 104 5TH AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City NEW YORK State NY Zip Code 10011 Purpose of Disbursement SUBSCRIPTION Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>528.94</td> </tr> </table>	528.94																			
528.94																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) MIKE LEAVITT	<b>Transaction ID:</b> 2011M02L21A00466 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement CAR RENTAL Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>151.80</td> </tr> </table>	151.80																			
151.80																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) MIKE LEAVITT	<b>Transaction ID:</b> 2011M02L21A00467 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement MEALS Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>50.90</td> </tr> </table>	50.90																			
50.90																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**731.64**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1158 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

MIKE LEAVITT

Mailing Address 310 FIRST STREET SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
MEALS

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00468

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	1	1

Amount of Each Disbursement this Period

79.58

**B.**

Full Name (Last, First, Middle Initial)

MIKE LEAVITT

Mailing Address 310 FIRST STREET SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
MEALS

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00469

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	1	1

Amount of Each Disbursement this Period

89.47

**C.**

Full Name (Last, First, Middle Initial)

MIKE LEAVITT

Mailing Address 310 FIRST STREET SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
MEALS

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00470

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	1	1

Amount of Each Disbursement this Period

94.75

SUBTOTAL of Disbursements This Page (optional) .....

263.80

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1159 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MIKE LEAVITT	<b>Transaction ID:</b> 2011M02L21A00471 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">109.71</td> </tr> </table>	109.71																			
109.71																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MIKE LEAVITT	<b>Transaction ID:</b> 2011M02L21A00472 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">113.10</td> </tr> </table>	113.10																			
113.10																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MIKE LEAVITT	<b>Transaction ID:</b> 2011M02L21A00473 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS	<table border="1"> <tr> <td colspan="10">134.45</td> </tr> </table>	134.45																			
134.45																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**357.26**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1160 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MIKE LEAVITT	<b>Transaction ID:</b> 2011M02L21A00474 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS Candidate Name	<table border="1"> <tr> <td colspan="10">167.60</td> </tr> </table>	167.60																			
167.60																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MIKE LEAVITT	<b>Transaction ID:</b> 2011M02L21A00475 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEALS Candidate Name	<table border="1"> <tr> <td colspan="10">467.93</td> </tr> </table>	467.93																			
467.93																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MIKE LEAVITT	<b>Transaction ID:</b> 2011M02L21A00476 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TIPS Candidate Name	<table border="1"> <tr> <td colspan="10">12.00</td> </tr> </table>	12.00																			
12.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**647.53**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1161 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

MIKE LEAVITT

Mailing Address 310 FIRST STREET SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
TRAVEL-MEALS

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00477

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	1	1

Amount of Each Disbursement this Period

30.04

**B.**

Full Name (Last, First, Middle Initial)

MIKE LEAVITT

Mailing Address 310 FIRST STREET SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
TRAVEL-MEALS

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00478

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	1	1

Amount of Each Disbursement this Period

34.06

**C.**

Full Name (Last, First, Middle Initial)

LEXIS NEXIS

Mailing Address PO BOX 7247-7090

City  
PHILADELPHIAState  
PAZip Code  
19170Purpose of Disbursement  
ONLINE CHARGES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00479

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	1	1

Amount of Each Disbursement this Period

240.87

SUBTOTAL of Disbursements This Page (optional) .....

304.97

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1162 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>LEXIS NEXIS</b> <hr/> Mailing Address <b>PO BOX 7247-7090</b>	<b>Transaction ID:</b> 2011M02L21A00480 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div>
City <b>PHILADELPHIA</b> State <b>PA</b> Zip Code <b>19170</b> <hr/> Purpose of Disbursement <b>ONLINE CHARGES</b> <hr/> Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> <hr/> State: District:	<b>Amount of Each Disbursement this Period</b> <div>363.92</div>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>LEXIS NEXIS</b> <hr/> Mailing Address <b>PO BOX 7247-7090</b>	<b>Transaction ID:</b> 2011M02L21A00481 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 6 / 2 0 1 1</div> </div>
City <b>PHILADELPHIA</b> State <b>PA</b> Zip Code <b>19170</b> <hr/> Purpose of Disbursement <b>ONLINE CHARGES</b> <hr/> Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> <hr/> State: District:	<b>Amount of Each Disbursement this Period</b> <div>22609.90</div>
<b>C.</b> Full Name (Last, First, Middle Initial) <b>MAGELLAN DATA &amp; MAPPING</b> <hr/> Mailing Address <b>STRATEGIES</b> <b>1685 BOXELDER STREET.SUITE 300</b>	<b>Transaction ID:</b> 2011M02L21A00482 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City <b>LOUISVILLE</b> State <b>CO</b> Zip Code <b>80027</b> <hr/> Purpose of Disbursement <b>POLLING</b> <hr/> Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> <hr/> State: District:	<b>Amount of Each Disbursement this Period</b> <div>2500.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**25473.82**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1163 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial)          MAIL AMERICA COMMUNICATIONS,</p> <p>Mailing Address INC.          1174 ELKTON FARM RD, PO BOX 870</p> <p>City FOREST State VA Zip Code 24551</p> <p>Purpose of Disbursement          POSTAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00483  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 5 / 2 0 1 1</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>225.28</div></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial)          MAIL AMERICA COMMUNICATIONS,</p> <p>Mailing Address INC.          1174 ELKTON FARM RD, PO BOX 870</p> <p>City FOREST State VA Zip Code 24551</p> <p>Purpose of Disbursement          POSTAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00484  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 5 / 2 0 1 1</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>715.82</div></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial)          MAIL AMERICA COMMUNICATIONS,</p> <p>Mailing Address INC.          1174 ELKTON FARM RD, PO BOX 870</p> <p>City FOREST State VA Zip Code 24551</p> <p>Purpose of Disbursement          POSTAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00485  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 5 / 2 0 1 1</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>1233.06</div></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**2174.16**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1164 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MAIL AMERICA COMMUNICATIONS,

Mailing Address INC.  
 1174 ELKTON FARM RD, PO BOX 870

City FOREST State VA Zip Code 24551

Purpose of Disbursement  
 POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00486

Date of Disbursement

/   /

Amount of Each Disbursement this Period

59041.75

**B.**

Full Name (Last, First, Middle Initial)

MAIL AMERICA COMMUNICATIONS,

Mailing Address INC.  
 1174 ELKTON FARM RD, PO BOX 870

City FOREST State VA Zip Code 24551

Purpose of Disbursement  
 POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00487

Date of Disbursement

/   /

Amount of Each Disbursement this Period

67011.68

**C.**

Full Name (Last, First, Middle Initial)

MAIL AMERICA COMMUNICATIONS,

Mailing Address INC.  
 1174 ELKTON FARM RD, PO BOX 870

City FOREST State VA Zip Code 24551

Purpose of Disbursement  
 POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00488

Date of Disbursement

/   /

Amount of Each Disbursement this Period

112317.70

**SUBTOTAL** of Disbursements This Page (optional) .....

238371.13

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1165 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)          MAIL AMERICA COMMUNICATIONS,</p> <p>Mailing Address INC.          1174 ELKTON FARM RD, PO BOX 870</p> <p>City FOREST State VA Zip Code 24551</p> <p>Purpose of Disbursement          POSTAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 2011M02L21A00489</p> <p>Date of Disbursement          M M / D D / Y Y Y Y          0 1 / 0 5 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period          118160.50</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)          MAIL AMERICA COMMUNICATIONS,</p> <p>Mailing Address INC.          1174 ELKTON FARM RD, PO BOX 870</p> <p>City FOREST State VA Zip Code 24551</p> <p>Purpose of Disbursement          POSTAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 2011M02L21A00490</p> <p>Date of Disbursement          M M / D D / Y Y Y Y          0 1 / 1 3 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period          151584.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)          MAIL AMERICA COMMUNICATIONS,</p> <p>Mailing Address INC.          1174 ELKTON FARM RD, PO BOX 870</p> <p>City FOREST State VA Zip Code 24551</p> <p>Purpose of Disbursement          POSTAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 2011M02L21A00491</p> <p>Date of Disbursement          M M / D D / Y Y Y Y          0 1 / 2 0 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period          155207.85</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**424952.35**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1166 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MARSH USA INC. <hr/> Mailing Address PO BOX 371522	<b>Transaction ID:</b> 2011M02L21A00492 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
<div> <div>City PITTSBURGH State PA Zip Code 15251</div> <div>Purpose of Disbursement AUDIT SERVICES</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> <div>Category/Type</div>	<b>Amount of Each Disbursement this Period</b> <div>1243.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) MARYLAND VENDING <hr/> Mailing Address 6728-A INDUSTRIAL DR <hr/> <div> <div>City BELTSVILLE State MD Zip Code 20705</div> <div>Purpose of Disbursement OFFICE SUPPLIES</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> <div>Category/Type</div>	<b>Transaction ID:</b> 2011M02L21A00493 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 6 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1106.84</div>
<b>C.</b> Full Name (Last, First, Middle Initial) MCDERMOTT WILL & EMERY <hr/> Mailing Address P O BOX 7247-6751 <hr/> <div> <div>City PHILADELPHIA State PA Zip Code 19170-6751</div> <div>Purpose of Disbursement LEGAL SERVICES</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> <div>Category/Type</div>	<b>Transaction ID:</b> 2011M02L21A00494 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>187.00</div>

SUBTOTAL of Disbursements This Page (optional) .....

2536.84

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1167 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MCDERMOTT WILL & EMERY**

Mailing Address **P O BOX 7247-6751**

City **PHILADELPHIA** State **PA** Zip Code **19170-6751**

Purpose of Disbursement  
**LEGAL SERVICES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 2011M02L21A00495

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**50000.00**

**B.** Full Name (Last, First, Middle Initial)  
**MDS COMMUNICATIONS CORPORATION**

Mailing Address **PO BOX 16006**

City **PHOENIX** State **AZ** Zip Code **85011**

Purpose of Disbursement  
**MAIL PRODUCTION**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 2011M02L21A00496

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**30.00**

**C.** Full Name (Last, First, Middle Initial)  
**MDS COMMUNICATIONS CORPORATION**

Mailing Address **PO BOX 16006**

City **PHOENIX** State **AZ** Zip Code **85011**

Purpose of Disbursement  
**MAIL PRODUCTION**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 2011M02L21A00497

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**17005.75**

**SUBTOTAL** of Disbursements This Page (optional) .....

**67035.75**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1168 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 MDS COMMUNICATIONS CORPORATION

Mailing Address PO BOX 16006

City PHOENIX State AZ Zip Code 85011

Purpose of Disbursement  
 TELEMARKETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00498

Date of Disbursement

/   /

Amount of Each Disbursement this Period

13.00

**B.** Full Name (Last, First, Middle Initial)  
 MDS COMMUNICATIONS CORPORATION

Mailing Address PO BOX 16006

City PHOENIX State AZ Zip Code 85011

Purpose of Disbursement  
 TELEMARKETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00499

Date of Disbursement

/   /

Amount of Each Disbursement this Period

14.50

**C.** Full Name (Last, First, Middle Initial)  
 MDS COMMUNICATIONS CORPORATION

Mailing Address PO BOX 16006

City PHOENIX State AZ Zip Code 85011

Purpose of Disbursement  
 TELEMARKETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00500

Date of Disbursement

/   /

Amount of Each Disbursement this Period

176.00

**SUBTOTAL** of Disbursements This Page (optional) .....

203.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1169 / 1391

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 MDS COMMUNICATIONS CORPORATION

Mailing Address PO BOX 16006

City PHOENIX State AZ Zip Code 85011

Purpose of Disbursement  
 TELEMARKETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00501  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)  
 MDS COMMUNICATIONS CORPORATION

Mailing Address PO BOX 16006

City PHOENIX State AZ Zip Code 85011

Purpose of Disbursement  
 TELEMARKETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00502  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)  
 MERKLE RESPONSE SERVICES, INC

Mailing Address 100 JAMISON COURT

City HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement  
 MAIL PRODUCTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00503  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1170 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) MERKLE RESPONSE SERVICES, INC			Transaction ID: 2011M02L21A00504 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 1 1	
	Mailing Address 100 JAMISON COURT			Amount of Each Disbursement this Period 2360.38	
	City HAGERSTOWN	State MD	Zip Code 21740		
	Purpose of Disbursement MAIL PRODUCTION		Category/ Type		
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b>	Full Name (Last, First, Middle Initial) MERKLE RESPONSE SERVICES, INC			Transaction ID: 2011M02L21A00505 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 1 1	
	Mailing Address 100 JAMISON COURT			Amount of Each Disbursement this Period 3436.95	
	City HAGERSTOWN	State MD	Zip Code 21740		
	Purpose of Disbursement MAIL PRODUCTION		Category/ Type		
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b>	Full Name (Last, First, Middle Initial) MERKLE RESPONSE SERVICES, INC			Transaction ID: 2011M02L21A00506 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 1 1	
	Mailing Address 100 JAMISON COURT			Amount of Each Disbursement this Period 12140.49	
	City HAGERSTOWN	State MD	Zip Code 21740		
	Purpose of Disbursement MAIL PRODUCTION		Category/ Type		
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) .....

17937.82

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1171 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MERKLE RESPONSE SERVICES, INC	<b>Transaction ID:</b> 2011M02L21A00507 <b>Date of Disbursement</b>																				
Mailing Address 100 JAMISON COURT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City HAGERSTOWN State MD Zip Code 21740	Amount of Each Disbursement this Period																				
Purpose of Disbursement MAIL PRODUCTION Candidate Name	<table border="1"> <tr> <td colspan="10">30346.39</td> </tr> </table>	30346.39																			
30346.39																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MICRO AGE	<b>Transaction ID:</b> 2011M02L21A00508 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 2941	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City PHOENIX State AZ Zip Code 85062	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td colspan="10">413.52</td> </tr> </table>	413.52																			
413.52																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JOE MILCZEWSKI	<b>Transaction ID:</b> 2011M02L21A00509 <b>Date of Disbursement</b>																				
Mailing Address 2060 WATERFORD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City CASPER State WY Zip Code 82609	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">60.00</td> </tr> </table>	60.00																			
60.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**30819.91**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1172 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JOE MILCZEWSKI	<b>Transaction ID:</b> 2011M02L21A00510 <b>Date of Disbursement</b>																				
Mailing Address 2060 WATERFORD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City CASPER State WY Zip Code 82609	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement AIR FARE	<table border="1"> <tr> <td colspan="10">530.50</td> </tr> </table>	530.50																			
530.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) JOE MILCZEWSKI	<b>Transaction ID:</b> 2011M02L21A00511 <b>Date of Disbursement</b>																				
Mailing Address 2060 WATERFORD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City CASPER State WY Zip Code 82609	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-MEALS	<table border="1"> <tr> <td colspan="10">3.00</td> </tr> </table>	3.00																			
3.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JOE MILCZEWSKI	<b>Transaction ID:</b> 2011M02L21A00512 <b>Date of Disbursement</b>																				
Mailing Address 2060 WATERFORD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City CASPER State WY Zip Code 82609	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-MEALS	<table border="1"> <tr> <td colspan="10">8.47</td> </tr> </table>	8.47																			
8.47																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

541.97

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1173 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JOE MILCZEWSKI	<b>Transaction ID:</b> 2011M02L21A00513 <b>Date of Disbursement</b>																				
Mailing Address 2060 WATERFORD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City CASPER State WY Zip Code 82609	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-MEALS	<table border="1"> <tr> <td colspan="10">9.25</td> </tr> </table>	9.25																			
9.25																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) JOE MILCZEWSKI	<b>Transaction ID:</b> 2011M02L21A00514 <b>Date of Disbursement</b>																				
Mailing Address 2060 WATERFORD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City CASPER State WY Zip Code 82609	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-MEALS	<table border="1"> <tr> <td colspan="10">9.25</td> </tr> </table>	9.25																			
9.25																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JOE MILCZEWSKI	<b>Transaction ID:</b> 2011M02L21A00515 <b>Date of Disbursement</b>																				
Mailing Address 2060 WATERFORD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City CASPER State WY Zip Code 82609	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-MEALS	<table border="1"> <tr> <td colspan="10">10.16</td> </tr> </table>	10.16																			
10.16																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**28.66**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1174 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 JOE MILCZEWSKI

Mailing Address 2060 WATERFORD

City State Zip Code  
 CASPER WY 82609

Purpose of Disbursement  
 TRAVEL-MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 2011M02L21A00516

Date of Disbursement

/   /

Amount of Each Disbursement this Period

20.14

**B.**

Full Name (Last, First, Middle Initial)  
 JOE MILCZEWSKI

Mailing Address 2060 WATERFORD

City State Zip Code  
 CASPER WY 82609

Purpose of Disbursement  
 TRAVEL-MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 2011M02L21A00517

Date of Disbursement

/   /

Amount of Each Disbursement this Period

23.61

**C.**

Full Name (Last, First, Middle Initial)  
 JOE MILCZEWSKI

Mailing Address 2060 WATERFORD

City State Zip Code  
 CASPER WY 82609

Purpose of Disbursement  
 TRAVEL-MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 2011M02L21A00518

Date of Disbursement

/   /

Amount of Each Disbursement this Period

31.50

**SUBTOTAL** of Disbursements This Page (optional) .....

75.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1175 / 1391

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JOE MILCZEWSKI	<b>Transaction ID:</b> 2011M02L21A00519 <b>Date of Disbursement</b>
Mailing Address 2060 WATERFORD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div>
City CASPER State WY Zip Code 82609	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TRAVEL-MEALS	<div> <div></div> <div>35.78</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) JOE MILCZEWSKI	<b>Transaction ID:</b> 2011M02L21A00520 <b>Date of Disbursement</b>
Mailing Address 2060 WATERFORD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div>
City CASPER State WY Zip Code 82609	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TRAVEL-PARKING	<div> <div></div> <div>30.62</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) JOE MILCZEWSKI	<b>Transaction ID:</b> 2011M02L21A00521 <b>Date of Disbursement</b>
Mailing Address 2060 WATERFORD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div>
City CASPER State WY Zip Code 82609	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TRAVEL-TAXI	<div> <div></div> <div>30.10</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**96.50**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JOE MILCZEWSKI	<b>Transaction ID:</b> 2011M02L21A00522 <b>Date of Disbursement</b>																				
Mailing Address 2060 WATERFORD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City CASPER State WY Zip Code 82609	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-TAXI	<table border="1"> <tr> <td colspan="10">87.10</td> </tr> </table>	87.10																			
87.10																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MISSISSIPPI SEC. OF STATE	<b>Transaction ID:</b> 2011M02L21A00523 <b>Date of Disbursement</b>																				
Mailing Address ELECTIONS DIV. PO BOX 136	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City JACKSON State MS Zip Code 39205	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement VOTER LIST	<table border="1"> <tr> <td colspan="10">2100.00</td> </tr> </table>	2100.00																			
2100.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) NATIONAL CAPITAL TELESERVICES	<b>Transaction ID:</b> 2011M02L21A00524 <b>Date of Disbursement</b>																				
Mailing Address LLC 300 FIFTH STREET, NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td colspan="10">1217.50</td> </tr> </table>	1217.50																			
1217.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional) .....

3404.60

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

State: District:

FEC Schedule B (Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1178 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)  <b>NATIONAL CAPITAL TELESERVICES</b></p> <p>Mailing Address <b>LLC</b>  <b>300 FIFTH STREET, NE</b></p> <p>City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20002</b></p> <p>Purpose of Disbursement  <b>TELEMARKETING</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00528  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 7 / 2 0 1 1</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>26110.50</div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)  <b>NATIONAL CAPITAL TELESERVICES</b></p> <p>Mailing Address <b>LLC</b>  <b>300 FIFTH STREET, NE</b></p> <p>City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20002</b></p> <p>Purpose of Disbursement  <b>TELEMARKETING</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00529  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 4 / 2 0 1 1</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>26795.50</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)  <b>NATIONAL CAPITAL TELESERVICES</b></p> <p>Mailing Address <b>LLC</b>  <b>300 FIFTH STREET, NE</b></p> <p>City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20002</b></p> <p>Purpose of Disbursement  <b>VOID-ISSUED IN ERROR 01/06/11</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00530  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 0 / 2 0 1 1</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>-8603.50</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**44302.50**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1179 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial)  
NATIONAL CAPITAL TELESERVICESMailing Address LLC  
300 FIFTH STREET, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
VOID-ISSUED IN ERROR 01/06/11

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00531

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Amount of Each Disbursement this Period

-1217.50

**B.** Full Name (Last, First, Middle Initial)  
NJ NEW MEDIA, LLCMailing Address 201 KING STREET  
SUITE 202

City ALEXANDRIA State VA Zip Code 22134

Purpose of Disbursement  
IT SUPPORT/MAINTENANCE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00532

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	1

Amount of Each Disbursement this Period

675.00

**C.** Full Name (Last, First, Middle Initial)  
OCCIDENTAL GRILL

Mailing Address 1475 PENNSYLVANIA AVENUE NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
CATERING SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00533

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	1	1

Amount of Each Disbursement this Period

729.44

SUBTOTAL of Disbursements This Page (optional) .....

186.94

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1180 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 PANORAMIC VISIONS PHOTOGRAPHY

Mailing Address INC.  
 11811 TREE FERN COURT

City RESTON State VA Zip Code 20191

Purpose of Disbursement  
 PHOTOGRAPHY SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00534

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**B.** Full Name (Last, First, Middle Initial)  
 PEACHTREE DATA, INC

Mailing Address 2905 PREMIERE PARKWAY  
 SUITE 200

City DULUTH State GA Zip Code 30097

Purpose of Disbursement  
 LIST PROCESSING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00535

Date of Disbursement

/   /

Amount of Each Disbursement this Period

838.24

**C.** Full Name (Last, First, Middle Initial)  
 THE PEDOWITZ GROUP

Mailing Address 14162 SEABISCUIT

City ALPHARETTA State GA Zip Code 30004

Purpose of Disbursement  
 TEXT MESSAGING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00536

Date of Disbursement

/   /

Amount of Each Disbursement this Period

121.04

**SUBTOTAL** of Disbursements This Page (optional) .....

2959.28

**TOTAL** This Period (last page this line number only) .....



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1182 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) PE SYSTEMS LLC	<b>Transaction ID:</b> 2011M02L21A00540 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 12856	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City PHILADELPHIA State PA Zip Code 19176	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CREDIT CARD SERVICES	<table border="1"> <tr> <td colspan="10">504.24</td> </tr> </table>	504.24																			
504.24																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) PE SYSTEMS LLC	<b>Transaction ID:</b> 2011M02L21A00541 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 12856	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City PHILADELPHIA State PA Zip Code 19176	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CREDIT CARD SERVICES	<table border="1"> <tr> <td colspan="10">1037.79</td> </tr> </table>	1037.79																			
1037.79																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) PE SYSTEMS LLC	<b>Transaction ID:</b> 2011M02L21A00542 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 12856	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City PHILADELPHIA State PA Zip Code 19176	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CREDIT CARD SERVICES	<table border="1"> <tr> <td colspan="10">1408.87</td> </tr> </table>	1408.87																			
1408.87																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2950.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1183 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JOHN PHILLIPPE	<b>Transaction ID:</b> 2011M02L21A00543 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL-MEALS Candidate Name	<table border="1"> <tr> <td colspan="10">9.50</td> </tr> </table>	9.50																			
9.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) JOHN PHILLIPPE	<b>Transaction ID:</b> 2011M02L21A00544 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL-MEALS Candidate Name	<table border="1"> <tr> <td colspan="10">18.37</td> </tr> </table>	18.37																			
18.37																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JOHN PHILLIPPE	<b>Transaction ID:</b> 2011M02L21A00545 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL-MEALS Candidate Name	<table border="1"> <tr> <td colspan="10">43.10</td> </tr> </table>	43.10																			
43.10																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

70.97

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JOHN PHILLIPPE	<b>Transaction ID:</b> 2011M02L21A00546 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-PARKING Candidate Name	<table border="1"> <tr> <td colspan="10">38.00</td> </tr> </table>	38.00																			
38.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) JOHN PHILLIPPE	<b>Transaction ID:</b> 2011M02L21A00547 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-PARKING Candidate Name	<table border="1"> <tr> <td colspan="10">38.00</td> </tr> </table>	38.00																			
38.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JOHN PHILLIPPE	<b>Transaction ID:</b> 2011M02L21A00548 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-PARKING Candidate Name	<table border="1"> <tr> <td colspan="10">76.00</td> </tr> </table>	76.00																			
76.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

152.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1185 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 PITNEY BOWES GLOBAL FINANCIAL

Mailing Address SERVICES LLC  
 P O BOX 371887

City PITTSBURGH State PA Zip Code 15250-7887

Purpose of Disbursement  
 EQUIPMENT LEASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00549

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3615.66

**B.**

Full Name (Last, First, Middle Initial)  
 CLARK H BENSEN

Mailing Address dba POLIDATA  
 1303 HAYWARD RD, PO BOX 530

City CORINTH State VT Zip Code 05039

Purpose of Disbursement  
 DATA ENTRY SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00550

Date of Disbursement

/   /

Amount of Each Disbursement this Period

6000.00

**C.**

Full Name (Last, First, Middle Initial)  
 THE PORT NETWORK, INC

Mailing Address 5500 INTERSTATE NORTH PARKWAY  
 SUITE 550

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
 SUBSCRIPTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00551

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

12865.66

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

3250.00

502.50

2179.94

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1187 / 1391

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) REINCE PRIEBUS	<b>Transaction ID:</b> 2011M02L21A00555 <b>Date of Disbursement</b>
Mailing Address 310 FIRST STREET SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div>
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TRAVEL-AIR FARE	<div>932.10</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) REINCE PRIEBUS	<b>Transaction ID:</b> 2011M02L21A00556 <b>Date of Disbursement</b>
Mailing Address 310 FIRST STREET SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div>
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TRAVEL-LODGING	<div>1059.85</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) PUBLIC STORAGE	<b>Transaction ID:</b> 2011M02L21A00557 <b>Date of Disbursement</b>
Mailing Address 7975 BRANCH AVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div>
City CLINTON State MD Zip Code 20735	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement STORAGE SERVICES	<div>201.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**2192.95**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A. Full Name (Last, First, Middle Initial)</b> <b>PUBLIC STORAGE</b>	<b>Transaction ID:</b> 2011M02L21A00561 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>01 / 28 / 2011</div> </div>				
<b>Mailing Address</b> 7975 BRANCH AVE	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: right; font-weight: bold;">246.00</div>				
<table style="width: 100%;"> <tr> <td style="width: 33%;"><b>City</b> CLINTON</td> <td style="width: 33%;"><b>State</b> MD</td> <td style="width: 33%;"><b>Zip Code</b> 20735</td> </tr> </table>		<b>City</b> CLINTON	<b>State</b> MD	<b>Zip Code</b> 20735	
<b>City</b> CLINTON		<b>State</b> MD	<b>Zip Code</b> 20735		
<table style="width: 100%;"> <tr> <td style="width: 60%;"><b>Purpose of Disbursement</b> STORAGE SERVICES</td> <td style="width: 40%;"><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td> </tr> <tr> <td><b>Candidate Name</b></td> <td><b>Category/Type</b></td> </tr> </table>		<b>Purpose of Disbursement</b> STORAGE SERVICES	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<b>Candidate Name</b>	<b>Category/Type</b>
<b>Purpose of Disbursement</b> STORAGE SERVICES		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
<b>Candidate Name</b>	<b>Category/Type</b>				
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<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Disbursement For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
<b>State:</b> <b>District:</b>					
<b>B. Full Name (Last, First, Middle Initial)</b> <b>RANDY PULLEN</b>	<b>Transaction ID:</b> 2011M02L21A00562 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>01 / 28 / 2011</div> </div>				
<b>Mailing Address</b> 310 FIRST STREET SE	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: right; font-weight: bold;">348.60</div>				
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<b>City</b> WASHINGTON		<b>State</b> DC	<b>Zip Code</b> 20003		
<table style="width: 100%;"> <tr> <td style="width: 60%;"><b>Purpose of Disbursement</b> AIR FARE</td> <td style="width: 40%;"><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td> </tr> <tr> <td><b>Candidate Name</b></td> <td><b>Category/Type</b></td> </tr> </table>		<b>Purpose of Disbursement</b> AIR FARE	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<b>Candidate Name</b>	<b>Category/Type</b>
<b>Purpose of Disbursement</b> AIR FARE		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
<b>Candidate Name</b>	<b>Category/Type</b>				
<table style="width: 100%;"> <tr> <td style="width: 30%;"> <b>Office Sought:</b>  <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td style="width: 70%;"> <b>Disbursement For:</b>  <input type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> </table>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Disbursement For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Disbursement For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
<b>State:</b> <b>District:</b>					
<b>C. Full Name (Last, First, Middle Initial)</b> <b>RANDY PULLEN</b>	<b>Transaction ID:</b> 2011M02L21A00563 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>01 / 06 / 2011</div> </div>				
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<b>City</b> WASHINGTON		<b>State</b> DC	<b>Zip Code</b> 20003		
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<b>Purpose of Disbursement</b> AIR FARE		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
<b>Candidate Name</b>	<b>Category/Type</b>				
<table style="width: 100%;"> <tr> <td style="width: 30%;"> <b>Office Sought:</b>  <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td style="width: 70%;"> <b>Disbursement For:</b>  <input type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> </table>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Disbursement For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Disbursement For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
<b>State:</b> <b>District:</b>					
<b>SUBTOTAL of Disbursements This Page (optional)</b> ..... ►					
<b>TOTAL This Period (last page this line number only)</b> ..... ►					

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1190 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) RANDY PULLEN	<b>Transaction ID:</b> 2011M02L21A00564 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">462.80</td> </tr> </table>	462.80																			
462.80																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) RANDY PULLEN	<b>Transaction ID:</b> 2011M02L21A00565 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LODGING Candidate Name	<table border="1"> <tr> <td colspan="10">323.24</td> </tr> </table>	323.24																			
323.24																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) RANDY PULLEN	<b>Transaction ID:</b> 2011M02L21A00566 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LODGING Candidate Name	<table border="1"> <tr> <td colspan="10">645.15</td> </tr> </table>	645.15																			
645.15																					
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**SUBTOTAL** of Disbursements This Page (optional) .....

**1431.19**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1191 / 1391

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) RANDY PULLEN	<b>Transaction ID:</b> 2011M02L21A00567 <b>Date of Disbursement</b>
Mailing Address 310 FIRST STREET SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 6 / 2 0 1 1</div> </div>
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TIPS	<div> <div></div> <div>8.00</div> </div>
Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) RANDY PULLEN	<b>Transaction ID:</b> 2011M02L21A00568 <b>Date of Disbursement</b>
Mailing Address 310 FIRST STREET SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 6 / 2 0 1 1</div> </div>
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TRAVEL-MEALS	<div> <div></div> <div>4.00</div> </div>
Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) RANDY PULLEN	<b>Transaction ID:</b> 2011M02L21A00569 <b>Date of Disbursement</b>
Mailing Address 310 FIRST STREET SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 6 / 2 0 1 1</div> </div>
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TRAVEL-MEALS	<div> <div></div> <div>22.00</div> </div>
Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**34.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1192 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) RANDY PULLEN			Transaction ID: 2011M02L21A00570 Date of Disbursement	
	Mailing Address 310 FIRST STREET SE			<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div>	
	City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period	
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Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:					
B.	Full Name (Last, First, Middle Initial) RANDY PULLEN			Transaction ID: 2011M02L21A00571 Date of Disbursement	
	Mailing Address 310 FIRST STREET SE			<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div>	
	City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period	
	Purpose of Disbursement TRAVEL-MEALS			<div> <div></div> <div>52.56</div> </div>	
	Candidate Name			Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:					
C.	Full Name (Last, First, Middle Initial) RANDY PULLEN			Transaction ID: 2011M02L21A00572 Date of Disbursement	
	Mailing Address 310 FIRST STREET SE			<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 6 / 2 0 1 1</div> </div>	
	City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period	
	Purpose of Disbursement TRAVEL-PARKING			<div> <div></div> <div>36.00</div> </div>	
	Candidate Name			Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:					

SUBTOTAL of Disbursements This Page (optional) .....

126.95

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1193 / 1391

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) RANDY PULLEN	<b>Transaction ID:</b> 2011M02L21A00573 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-PARKING	<table border="1"> <tr> <td colspan="10">40.00</td> </tr> </table>	40.00																			
40.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) RANDY PULLEN	<b>Transaction ID:</b> 2011M02L21A00574 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-TAXI	<table border="1"> <tr> <td colspan="10">52.00</td> </tr> </table>	52.00																			
52.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) RANDY PULLEN	<b>Transaction ID:</b> 2011M02L21A00575 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-TAXI	<table border="1"> <tr> <td colspan="10">59.00</td> </tr> </table>	59.00																			
59.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

151.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1194 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) RANDY PULLEN	<b>Transaction ID:</b> 2011M02L21A00576 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-TRANSPORTATION Candidate Name	<table border="1"> <tr> <td colspan="10">6.00</td> </tr> </table>	6.00																			
6.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) RANDY PULLEN	<b>Transaction ID:</b> 2011M02L21A00577 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-TRANSPORTATION Candidate Name	<table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>	10.00																			
10.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) PURCHASE POWER	<b>Transaction ID:</b> 2011M02L21A00578 <b>Date of Disbursement</b>																				
Mailing Address PITNEY BOWES POSTAGE BY PHONE P O BOX 856042	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City LOUISVILLE State KY Zip Code 40285	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement POSTAGE Candidate Name	<table border="1"> <tr> <td colspan="10">202.03</td> </tr> </table>	202.03																			
202.03																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**218.03**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1195 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) <b>PURCHASE POWER</b>	<b>Transaction ID:</b> 2011M02L21A00579 <b>Date of Disbursement</b>																				
Mailing Address <b>PITNEY BOWES POSTAGE BY PHONE</b> <b>P O BOX 856042</b>	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City <b>LOUISVILLE</b> State <b>KY</b> Zip Code <b>40285</b>	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Purpose of Disbursement <b>POSTAGE</b> Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Full Name (Last, First, Middle Initial) <b>PURSUANT</b>	<b>Transaction ID:</b> 2011M02L21A00580 <b>Date of Disbursement</b>																				
Mailing Address <b>5151 BELTINE RD</b> <b>SUITE 900</b>	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City <b>DALLAS</b> State <b>TX</b> Zip Code <b>75254</b>	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td colspan="10">34730.65</td> </tr> </table>	34730.65																			
34730.65																					
Purpose of Disbursement <b>FUNDRAISING SERVICES</b> Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Full Name (Last, First, Middle Initial) <b>PURSUANT</b>	<b>Transaction ID:</b> 2011M02L21A00581 <b>Date of Disbursement</b>																				
Mailing Address <b>5151 BELTINE RD</b> <b>SUITE 900</b>	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City <b>DALLAS</b> State <b>TX</b> Zip Code <b>75254</b>	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td colspan="10">35000.00</td> </tr> </table>	35000.00																			
35000.00																					
Purpose of Disbursement <b>FUNDRAISING SERVICES</b> Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**74730.65**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1196 / 1391

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) BRENDAN QUINN	<b>Transaction ID:</b> 2011M02L21A00582 <b>Date of Disbursement</b>
Mailing Address 99 PINE ST SUITE 104	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div>
City ALBANY State NY Zip Code 12207	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement DELIVERY SERVICES Candidate Name	<div> <div>3.24</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) BRENDAN QUINN	<b>Transaction ID:</b> 2011M02L21A00583 <b>Date of Disbursement</b>
Mailing Address 99 PINE ST SUITE 104	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div>
City ALBANY State NY Zip Code 12207	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement DELIVERY SERVICES Candidate Name	<div> <div>79.05</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) BRENDAN QUINN	<b>Transaction ID:</b> 2011M02L21A00584 <b>Date of Disbursement</b>
Mailing Address 99 PINE ST SUITE 104	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div>
City ALBANY State NY Zip Code 12207	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement LODGING Candidate Name	<div> <div>198.70</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**280.99**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1197 / 1391

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) BRENDAN QUINN	<b>Transaction ID:</b> 2011M02L21A00585 <b>Date of Disbursement</b>
Mailing Address 99 PINE ST SUITE 104	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div>
City ALBANY State NY Zip Code 12207	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement LODGING	<div>537.88</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) BRENDAN QUINN	<b>Transaction ID:</b> 2011M02L21A00586 <b>Date of Disbursement</b>
Mailing Address 99 PINE ST SUITE 104	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div>
City ALBANY State NY Zip Code 12207	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement OFFICE SUPPLIES	<div>85.45</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) BRENDAN QUINN	<b>Transaction ID:</b> 2011M02L21A00587 <b>Date of Disbursement</b>
Mailing Address 99 PINE ST SUITE 104	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div>
City ALBANY State NY Zip Code 12207	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TRAVEL-FUEL	<div>44.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

667.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1198 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) BRENDAN QUINN <hr/> Mailing Address 99 PINE ST SUITE 104 <hr/> City ALBANY State NY Zip Code 12207 <hr/> Purpose of Disbursement TRAVEL-FUEL Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; margin-left: auto;"></div> Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00588 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M</span> <span>D D</span> <span>Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>0 1</span> <span>2 0</span> <span>2 0 1 1</span> </div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">47.80</div>
<b>B.</b> Full Name (Last, First, Middle Initial) BRENDAN QUINN <hr/> Mailing Address 99 PINE ST SUITE 104 <hr/> City ALBANY State NY Zip Code 12207 <hr/> Purpose of Disbursement TRAVEL-FUEL Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; margin-left: auto;"></div> Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00589 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M</span> <span>D D</span> <span>Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>0 1</span> <span>2 0</span> <span>2 0 1 1</span> </div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">49.20</div>
<b>C.</b> Full Name (Last, First, Middle Initial) BRENDAN QUINN <hr/> Mailing Address 99 PINE ST SUITE 104 <hr/> City ALBANY State NY Zip Code 12207 <hr/> Purpose of Disbursement TRAVEL-FUEL Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; margin-left: auto;"></div> Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00590 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M</span> <span>D D</span> <span>Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>0 1</span> <span>2 0</span> <span>2 0 1 1</span> </div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">50.80</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**147.80**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1199 / 1391

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
 BRENDAN QUINN

Mailing Address 99 PINE ST  
 SUITE 104

City ALBANY State NY Zip Code 12207

Purpose of Disbursement  
 TRAVEL-FUEL

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00591  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

53.30

B.

Full Name (Last, First, Middle Initial)  
 BRENDAN QUINN

Mailing Address 99 PINE ST  
 SUITE 104

City ALBANY State NY Zip Code 12207

Purpose of Disbursement  
 TRAVEL-FUEL

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00592  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

55.75

C.

Full Name (Last, First, Middle Initial)  
 BRENDAN QUINN

Mailing Address 99 PINE ST  
 SUITE 104

City ALBANY State NY Zip Code 12207

Purpose of Disbursement  
 TRAVEL-FUEL

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00593  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

56.50

SUBTOTAL of Disbursements This Page (optional) .....

165.55

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1200 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 BRENDAN QUINN

Mailing Address 99 PINE ST  
 SUITE 104

City ALBANY State NY Zip Code 12207

Purpose of Disbursement  
 TRAVEL-FUEL

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00594

Date of Disbursement

/   /

Amount of Each Disbursement this Period

58.50

**B.**

Full Name (Last, First, Middle Initial)  
 BRENDAN QUINN

Mailing Address 99 PINE ST  
 SUITE 104

City ALBANY State NY Zip Code 12207

Purpose of Disbursement  
 TRAVEL-FUEL

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00595

Date of Disbursement

/   /

Amount of Each Disbursement this Period

58.70

**C.**

Full Name (Last, First, Middle Initial)  
 BRENDAN QUINN

Mailing Address 99 PINE ST  
 SUITE 104

City ALBANY State NY Zip Code 12207

Purpose of Disbursement  
 TRAVEL-FUEL

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00596

Date of Disbursement

/   /

Amount of Each Disbursement this Period

84.90

**SUBTOTAL** of Disbursements This Page (optional) .....

202.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1201 / 1391

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 BRENDAN QUINN

Mailing Address 99 PINE ST  
 SUITE 104

City ALBANY State NY Zip Code 12207

Purpose of Disbursement  
 TRAVEL-MEALS

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00597  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

42.94

**B.**

Full Name (Last, First, Middle Initial)  
 BRENDAN QUINN

Mailing Address 99 PINE ST  
 SUITE 104

City ALBANY State NY Zip Code 12207

Purpose of Disbursement  
 TRAVEL-MEALS

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00598  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

70.91

**C.**

Full Name (Last, First, Middle Initial)  
 BRENDAN QUINN

Mailing Address 99 PINE ST  
 SUITE 104

City ALBANY State NY Zip Code 12207

Purpose of Disbursement  
 TRAVEL-MEALS

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00599  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

75.18

**SUBTOTAL** of Disbursements This Page (optional) .....

189.03

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1202 / 1391

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) BRENDAN QUINN	<b>Transaction ID:</b> 2011M02L21A00600 <b>Date of Disbursement</b>
Mailing Address 99 PINE ST SUITE 104	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div>
City ALBANY State NY Zip Code 12207	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TRAVEL-MEALS	<div>88.78</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) BRENDAN QUINN	<b>Transaction ID:</b> 2011M02L21A00601 <b>Date of Disbursement</b>
Mailing Address 99 PINE ST SUITE 104	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div>
City ALBANY State NY Zip Code 12207	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TRAVEL-PARKING	<div>24.25</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) BRENDAN QUINN	<b>Transaction ID:</b> 2011M02L21A00602 <b>Date of Disbursement</b>
Mailing Address 99 PINE ST SUITE 104	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div>
City ALBANY State NY Zip Code 12207	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TRAVEL-TAXI	<div>18.50</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

131.53

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1203 / 1391

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) RESTAURANT ASSOCIATES	<b>Transaction ID:</b> 2011M02L21A00603 <b>Date of Disbursement</b>
Mailing Address C/O BANK OF AMERICA ILLINOIS 91337 COLLECTIONS DR, PO BOX 91337	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div>
City CHICAGO State IL Zip Code 60693	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CATERING SERVICES	<div>65.63</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) RESTAURANT ASSOCIATES	<b>Transaction ID:</b> 2011M02L21A00604 <b>Date of Disbursement</b>
Mailing Address C/O BANK OF AMERICA ILLINOIS 91337 COLLECTIONS DR, PO BOX 91337	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div>
City CHICAGO State IL Zip Code 60693	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CATERING SERVICES	<div>500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) RESTAURANT ASSOCIATES	<b>Transaction ID:</b> 2011M02L21A00605 <b>Date of Disbursement</b>
Mailing Address C/O BANK OF AMERICA ILLINOIS 91337 COLLECTIONS DR, PO BOX 91337	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div>
City CHICAGO State IL Zip Code 60693	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement CATERING SERVICES	<div>503.13</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

1068.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1204 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)          RHA MARKETING, LLC</p> <p>Mailing Address 5301 BUCKEYSTOWN PIKE          SUITE 200</p> <p>City FREDERICK State MD Zip Code 21704</p> <p>Purpose of Disbursement          POSTAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00606  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 6 / 2 0 1 1</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>160.07</div></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)          RHA MARKETING, LLC</p> <p>Mailing Address 5301 BUCKEYSTOWN PIKE          SUITE 200</p> <p>City FREDERICK State MD Zip Code 21704</p> <p>Purpose of Disbursement          POSTAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00607  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 6 / 2 0 1 1</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>3244.41</div></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)          RHA MARKETING, LLC</p> <p>Mailing Address 5301 BUCKEYSTOWN PIKE          SUITE 200</p> <p>City FREDERICK State MD Zip Code 21704</p> <p>Purpose of Disbursement          POSTAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00608  <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 6 / 2 0 1 1</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>43584.17</div></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**46988.65**

**TOTAL** This Period (last page this line number only) .....



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1206 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE <hr/> Mailing Address 11601 ROOSEVELT BLVD <hr/> City PHILADELPHIA State PA Zip Code 19154 <hr/> Purpose of Disbursement FED UNEMPL. TAXES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00610M <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: right;">3386.29</div> <b>[MEMO ITEM]</b>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	3	/	2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	1	3	/	2	0	1	1												
<b>B.</b> Full Name (Last, First, Middle Initial) RNC-PAYROLL ACCOUNT <hr/> Mailing Address 310 FIRST STREET, SE <hr/> City WASHINGTON State DC Zip Code 20003 <hr/> Purpose of Disbursement GARNISHMENT Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00611 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: right;">504.37</div> <b>[MEMO ITEM]</b>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	3	/	2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	1	3	/	2	0	1	1												
<b>C.</b> Full Name (Last, First, Middle Initial) MARYLAND CHILD SUPPORT ACCT <hr/> Mailing Address P O BOX 17.96 <hr/> City BALTIMORE State MD Zip Code 21297 <hr/> Purpose of Disbursement GARNISHMENT Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00611M <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: right;">504.37</div> <b>[MEMO ITEM]</b>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	3	/	2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	1	3	/	2	0	1	1												

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

504.37

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1207 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) RNC-PAYROLL ACCOUNT	<b>Transaction ID:</b> 2011M02L21A00612 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement GARNISHMENT Candidate Name	Amount of Each Disbursement this Period 506.51																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) MARYLAND CHILD SUPPORT ACCT	<b>Transaction ID:</b> 2011M02L21A00612M <b>Date of Disbursement</b>																				
Mailing Address P O BOX 17.96	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City BALTIMORE State MD Zip Code 21297 Purpose of Disbursement GARNISHMENT Candidate Name	Amount of Each Disbursement this Period 506.51																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) RNC-PAYROLL ACCOUNT	<b>Transaction ID:</b> 2011M02L21A00613 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL TAXES Candidate Name	Amount of Each Disbursement this Period 5310.25																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5816.76																				
<b>TOTAL</b> This Period (last page this line number only) .....																					

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1208 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

D.C TREASURER

Mailing Address OFFICE OF TAX AND REVENUE  
P O BOX 7862

City WASHINGTON State DC Zip Code 20047

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00613M

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	1

Amount of Each Disbursement this Period

5310.25

**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

RNC-PAYROLL ACCOUNT

Mailing Address 310 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00614

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	1

Amount of Each Disbursement this Period

5688.32

**C.**

Full Name (Last, First, Middle Initial)

D.C TREASURER

Mailing Address OFFICE OF TAX AND REVENUE  
P O BOX 7862

City WASHINGTON State DC Zip Code 20047

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00614M

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	1

Amount of Each Disbursement this Period

5688.32

**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) .....

5688.32

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) RNC-PAYROLL ACCOUNT	<b>Transaction ID:</b> 2011M02L21A00615 <b>Date of Disbursement</b>
Mailing Address 310 FIRST STREET, SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div>
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PAYROLL TAXES	<div>5936.06</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) MARYLAND STATE COMPTROLLER	<b>Transaction ID:</b> 2011M02L21A00615M <b>Date of Disbursement</b>
Mailing Address OF THE TREASURY 110 CARROLL ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div>
City ANNAPOLIS State MD Zip Code 21411	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PAYROLL TAXES	<div>5936.06</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) RNC-PAYROLL ACCOUNT	<b>Transaction ID:</b> 2011M02L21A00616 <b>Date of Disbursement</b>
Mailing Address 310 FIRST STREET, SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PAYROLL TAXES	<div>5951.24</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

11887.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1210 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)  <b>MARYLAND STATE COMPTROLLER</b></p> <p>Mailing Address <b>OF THE TREASURY  110 CARROLL ST</b></p> <p>City <b>ANNAPOLIS</b> State <b>MD</b> Zip Code <b>21411</b></p> <p>Purpose of Disbursement  <b>PAYROLL TAXES</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President  State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00616M  <b>Date of Disbursement</b>  M M / D D / Y Y Y Y  0 1 / 1 3 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period  9551.24</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)  <b>RNC-PAYROLL ACCOUNT</b></p> <p>Mailing Address <b>310 FIRST STREET, SE</b></p> <p>City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20003</b></p> <p>Purpose of Disbursement  <b>PAYROLL TAXES</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President  State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00617  <b>Date of Disbursement</b>  M M / D D / Y Y Y Y  0 1 / 2 8 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period  9493.44</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)  <b>VIRGINIA COMMONWEALTH DEPT</b></p> <p>Mailing Address <b>OF TAXATION  PO BOX 1115</b></p> <p>City <b>RICHMOND</b> State <b>VA</b> Zip Code <b>23218</b></p> <p>Purpose of Disbursement  <b>PAYROLL TAXES</b></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President  State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21A00617M  <b>Date of Disbursement</b>  M M / D D / Y Y Y Y  0 1 / 2 8 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period  9493.44</p> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**9493.44**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1212 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 INTERNAL REVENUE SERVICE

Mailing Address 11601 ROOSEVELT BLVD

City PHILADELPHIA State PA Zip Code 19154

Purpose of Disbursement  
 PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00619M  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

59063.07

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
 RNC-PAYROLL ACCOUNT

Mailing Address 310 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
 PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00620  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

60592.63

**C.** Full Name (Last, First, Middle Initial)  
 INTERNAL REVENUE SERVICE

Mailing Address 11601 ROOSEVELT BLVD

City PHILADELPHIA State PA Zip Code 19154

Purpose of Disbursement  
 PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00620M  
 Date of Disbursement

/   /

Amount of Each Disbursement this Period

60592.63

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

60592.63

**TOTAL** This Period (last page this line number only) .....



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1214 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE	<b>Transaction ID:</b> 2011M02L21A00622M <b>Date of Disbursement</b>																				
Mailing Address 11601 ROOSEVELT BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City PHILADELPHIA State PA Zip Code 19154	Amount of Each Disbursement this Period <table border="1"> <tr> <td>7</td><td>3</td><td>0</td><td>3</td><td>4</td><td>.</td><td>0</td><td>1</td> </tr> </table>	7	3	0	3	4	.	0	1												
7	3	0	3	4	.	0	1														
Purpose of Disbursement PAYROLL TAXES	<input type="text"/>																				
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) RNC-PAYROLL ACCOUNT	<b>Transaction ID:</b> 2011M02L21A00623 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period <table border="1"> <tr> <td>5</td><td>8</td><td>8</td><td>0</td><td>.</td><td>6</td><td>1</td> </tr> </table>	5	8	8	0	.	6	1													
5	8	8	0	.	6	1															
Purpose of Disbursement UNEMPL. TAXES	<input type="text"/>																				
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) D.C TREASURER	<b>Transaction ID:</b> 2011M02L21A00623M <b>Date of Disbursement</b>																				
Mailing Address OFFICE OF TAX AND REVENUE P O BOX 7862	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20047	Amount of Each Disbursement this Period <table border="1"> <tr> <td>5</td><td>8</td><td>8</td><td>0</td><td>.</td><td>6</td><td>1</td> </tr> </table>	5	8	8	0	.	6	1													
5	8	8	0	.	6	1															
Purpose of Disbursement UNEMPL. TAXES	<input type="text"/>																				
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5880.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1215 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) RNC-PAYROLL ACCOUNT	<b>Transaction ID:</b> 2011M02L21A00624 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement UNEMPL. TAXES	<table border="1"> <tr> <td colspan="10">7814.78</td> </tr> </table>	7814.78																			
7814.78																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) D.C TREASURER	<b>Transaction ID:</b> 2011M02L21A00624M <b>Date of Disbursement</b>																				
Mailing Address OFFICE OF TAX AND REVENUE P O BOX 7862	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City WASHINGTON State DC Zip Code 20047	Amount of Each Disbursement this Period																				
Purpose of Disbursement UNEMPL. TAXES	<table border="1"> <tr> <td colspan="10">7814.78</td> </tr> </table>	7814.78																			
7814.78																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) RNC-WITHHOLDING	<b>Transaction ID:</b> 2011M02L21A00625 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement EMPLOYEE DEDUCTION	<table border="1"> <tr> <td colspan="10">120.00</td> </tr> </table>	120.00																			
120.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

7934.78

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

202.50

123.21

897.18

FEC Schedule B ( Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1218 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) LESLIE RUTLEDGE	<b>Transaction ID:</b> 2011M02L21A00632 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-MEALS	<table border="1"> <tr> <td colspan="10">6.80</td> </tr> </table>	6.80																			
6.80																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) LESLIE RUTLEDGE	<b>Transaction ID:</b> 2011M02L21A00633 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-MEALS	<table border="1"> <tr> <td colspan="10">7.19</td> </tr> </table>	7.19																			
7.19																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) LESLIE RUTLEDGE	<b>Transaction ID:</b> 2011M02L21A00634 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-MEALS	<table border="1"> <tr> <td colspan="10">53.11</td> </tr> </table>	53.11																			
53.11																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

67.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1219 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) LESLIE RUTLEDGE	<b>Transaction ID:</b> 2011M02L21A00635 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-PARKING Candidate Name	<table border="1"> <tr> <td colspan="10">19.00</td> </tr> </table>	19.00																			
19.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) LESLIE RUTLEDGE	<b>Transaction ID:</b> 2011M02L21A00636 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-PARKING Candidate Name	<table border="1"> <tr> <td colspan="10">31.00</td> </tr> </table>	31.00																			
31.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) LESLIE RUTLEDGE	<b>Transaction ID:</b> 2011M02L21A00637 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-PARKING Candidate Name	<table border="1"> <tr> <td colspan="10">84.00</td> </tr> </table>	84.00																			
84.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

134.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1220 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) LESLIE RUTLEDGE	<b>Transaction ID:</b> 2011M02L21A00638 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-TAXI Candidate Name	<table border="1"> <tr> <td colspan="10">18.00</td> </tr> </table>	18.00																			
18.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) LESLIE RUTLEDGE	<b>Transaction ID:</b> 2011M02L21A00639 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-TAXI Candidate Name	<table border="1"> <tr> <td colspan="10">18.00</td> </tr> </table>	18.00																			
18.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) SCHINDLER ELEVATOR CORPORATION	<b>Transaction ID:</b> 2011M02L21A00640 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 93050	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City CHICAGO State IL Zip Code 60673-3050	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement BUILDING MAINTENANCE Candidate Name	<table border="1"> <tr> <td colspan="10">2770.99</td> </tr> </table>	2770.99																			
2770.99																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**2806.99**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1221 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CATHY SECOR	<b>Transaction ID:</b> 2011M02L21A00641 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PARKING	<table border="1"> <tr> <td>77.00</td> </tr> </table>	77.00																			
77.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CATHY SECOR	<b>Transaction ID:</b> 2011M02L21A00642 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PARKING	<table border="1"> <tr> <td>77.00</td> </tr> </table>	77.00																			
77.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) CATHY SECOR	<b>Transaction ID:</b> 2011M02L21A00643 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-PARKING	<table border="1"> <tr> <td>55.00</td> </tr> </table>	55.00																			
55.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

209.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1222 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SECRETARY OF STATE	<b>Transaction ID:</b> 2011M02L21A00644 <b>Date of Disbursement</b>																				
Mailing Address ATTN: SUMMER DAVIS 255 CAPITOL STREET NE, STE501	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City SALEM State OR Zip Code 97310	Amount of Each Disbursement this Period																				
Purpose of Disbursement VOTER LIST	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) SECURITAS SECURITY SERVICES	<b>Transaction ID:</b> 2011M02L21A00645 <b>Date of Disbursement</b>																				
Mailing Address USA, INC. P O BOX 403412	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City ATLANTA State GA Zip Code 30384-3412	Amount of Each Disbursement this Period																				
Purpose of Disbursement SECURITY SERVICES	<table border="1"> <tr> <td colspan="10">6713.28</td> </tr> </table>	6713.28																			
6713.28																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) SECURITAS SECURITY SERVICES	<b>Transaction ID:</b> 2011M02L21A00646 <b>Date of Disbursement</b>																				
Mailing Address USA, INC. P O BOX 403412	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
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0	1		2	0		2	0	1	1												
City ATLANTA State GA Zip Code 30384-3412	Amount of Each Disbursement this Period																				
Purpose of Disbursement SECURITY SERVICES	<table border="1"> <tr> <td colspan="10">6713.28</td> </tr> </table>	6713.28																			
6713.28																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**13926.56**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1224 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JENNIFER SHEEHAN

Mailing Address 310 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
 PARKING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00650

Date of Disbursement

/   /

Amount of Each Disbursement this Period

215.00

**B.**

Full Name (Last, First, Middle Initial)

JENNIFER SHEEHAN

Mailing Address 310 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
 TRAVEL-PARKING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00651

Date of Disbursement

/   /

Amount of Each Disbursement this Period

57.00

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL SHORT

Mailing Address 310 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
 PHONE SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00652

Date of Disbursement

/   /

Amount of Each Disbursement this Period

83.67

**SUBTOTAL** of Disbursements This Page (optional) .....

355.67

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1225 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**

Full Name (Last, First, Middle Initial)

MICHAEL SHORT

Mailing Address 310 FIRST STREET SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PHONE SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00653

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	1	1

Amount of Each Disbursement this Period

83.67

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL SHORT

Mailing Address 310 FIRST STREET SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PHONE SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00654

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	1

Amount of Each Disbursement this Period

83.67

**C.**

Full Name (Last, First, Middle Initial)

SMARTTECH CORPORATION

Mailing Address A DIVISION OF AIRNET GROUP, INC  
PO BOX 11181City  
CHATTANOOGAState  
TNZip Code  
37401Purpose of Disbursement  
DATA STORAGE SERVICE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00655

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	1	1

Amount of Each Disbursement this Period

16978.65

SUBTOTAL of Disbursements This Page (optional) .....

17145.99

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1226 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	<b>Transaction ID:</b> 2011M02L21A00656 <b>Date of Disbursement</b>																				
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City CHATTANOOGA State TN Zip Code 37401	Amount of Each Disbursement this Period																				
Purpose of Disbursement IT SUPPORT/MAINTENANCE Candidate Name	<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	250.00																			
250.00																					
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<b>B.</b> Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	<b>Transaction ID:</b> 2011M02L21A00657 <b>Date of Disbursement</b>																				
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City CHATTANOOGA State TN Zip Code 37401	Amount of Each Disbursement this Period																				
Purpose of Disbursement IT SUPPORT/MAINTENANCE Candidate Name	<table border="1"> <tr> <td colspan="10">295.00</td> </tr> </table>	295.00																			
295.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	<b>Transaction ID:</b> 2011M02L21A00658 <b>Date of Disbursement</b>																				
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City CHATTANOOGA State TN Zip Code 37401	Amount of Each Disbursement this Period																				
Purpose of Disbursement IT SUPPORT/MAINTENANCE Candidate Name	<table border="1"> <tr> <td colspan="10">3295.00</td> </tr> </table>	3295.00																			
3295.00																					
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**SUBTOTAL** of Disbursements This Page (optional) .....

**3840.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1227 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	<b>Transaction ID:</b> 2011M02L21A00659 <b>Date of Disbursement</b>																				
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City CHATTANOOGA State TN Zip Code 37401	Amount of Each Disbursement this Period																				
Purpose of Disbursement IT SUPPORT/MAINTENANCE Candidate Name	<table border="1"> <tr> <td colspan="10">5380.00</td> </tr> </table>	5380.00																			
5380.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	<b>Transaction ID:</b> 2011M02L21A00660 <b>Date of Disbursement</b>																				
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City CHATTANOOGA State TN Zip Code 37401	Amount of Each Disbursement this Period																				
Purpose of Disbursement IT SUPPORT/MAINTENANCE Candidate Name	<table border="1"> <tr> <td colspan="10">7366.95</td> </tr> </table>	7366.95																			
7366.95																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	<b>Transaction ID:</b> 2011M02L21A00661 <b>Date of Disbursement</b>																				
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City CHATTANOOGA State TN Zip Code 37401	Amount of Each Disbursement this Period																				
Purpose of Disbursement IT SUPPORT/MAINTENANCE Candidate Name	<table border="1"> <tr> <td colspan="10">8150.00</td> </tr> </table>	8150.00																			
8150.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

20896.95

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	<b>Transaction ID:</b> 2011M02L21A00662 <b>Date of Disbursement</b>																				
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City CHATTANOOGA State TN Zip Code 37401	Amount of Each Disbursement this Period																				
Purpose of Disbursement IT SUPPORT/MAINTENANCE	<table border="1"> <tr> <td>18165.00</td> </tr> </table>	18165.00																			
18165.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	<b>Transaction ID:</b> 2011M02L21A00663 <b>Date of Disbursement</b>																				
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City CHATTANOOGA State TN Zip Code 37401	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHONE SERVICES	<table border="1"> <tr> <td>7366.95</td> </tr> </table>	7366.95																			
7366.95																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	<b>Transaction ID:</b> 2011M02L21A00664 <b>Date of Disbursement</b>																				
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City CHATTANOOGA State TN Zip Code 37401	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHONE SERVICES	<table border="1"> <tr> <td>23480.00</td> </tr> </table>	23480.00																			
23480.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

49011.95

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1229 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SMARTECH CORPORATION	<b>Transaction ID:</b> 2011M02L21A00665 <b>Date of Disbursement</b>																				
Mailing Address A DIVISION OF AIRNET GROUP, INC PO BOX 11181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City CHATTANOOGA State TN Zip Code 37401	Amount of Each Disbursement this Period																				
Purpose of Disbursement IT SUPPORT/MAINTENANCE Candidate Name	<table border="1"> <tr> <td colspan="10">1534.73</td> </tr> </table>	1534.73																			
1534.73																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) SPIDERPHONE.COM, INC.	<b>Transaction ID:</b> 2011M02L21A00666 <b>Date of Disbursement</b>																				
Mailing Address 64 BEAVER STREET SUITE 416	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City NEW YORK State NY Zip Code 10004	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHONE SERVICES Candidate Name	<table border="1"> <tr> <td colspan="10">257.17</td> </tr> </table>	257.17																			
257.17																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) SPRINT	<b>Transaction ID:</b> 2011M02L21A00667 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 105243	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City ATLANTA State GA Zip Code 30348-5243	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHONE SERVICES Candidate Name	<table border="1"> <tr> <td colspan="10">51.55</td> </tr> </table>	51.55																			
51.55																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1843.45

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1230 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>SPRINT</b> <hr/> Mailing Address <b>P O BOX 105243</b>	<b>Transaction ID:</b> 2011M02L21A00668 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
<div> <div>City ATLANTA      State GA      Zip Code 30348-5243</div> <div>Purpose of Disbursement PHONE SERVICES</div> <div>Candidate Name</div> <div>Category/Type</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State:      District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>51.55</div>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>SPRINT</b> <hr/> Mailing Address <b>P O BOX 105243</b>	<b>Transaction ID:</b> 2011M02L21A00669 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div>
<div> <div>City ATLANTA      State GA      Zip Code 30348-5243</div> <div>Purpose of Disbursement PHONE SERVICES</div> <div>Candidate Name</div> <div>Category/Type</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State:      District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>51.55</div>
<b>C.</b> Full Name (Last, First, Middle Initial) <b>SPRINT</b> <hr/> Mailing Address <b>P O BOX 105243</b>	<b>Transaction ID:</b> 2011M02L21A00670 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div>
<div> <div>City ATLANTA      State GA      Zip Code 30348-5243</div> <div>Purpose of Disbursement PHONE SERVICES</div> <div>Candidate Name</div> <div>Category/Type</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State:      District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>51.55</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**154.65**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1231 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>SPRINT</b> <hr/> Mailing Address <b>P O BOX 105243</b>	<b>Transaction ID:</b> 2011M02L21A00671 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div>
<div> <div>City ATLANTA      State GA      Zip Code 30348-5243</div> <div>Purpose of Disbursement PHONE SERVICES</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State:      District:</div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General</div> <div><input type="checkbox"/> Other (specify) ▼</div> </div> <div> <div>Category/Type</div> <div></div> </div>	<b>Amount of Each Disbursement this Period</b> <div>51.55</div>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>SPRINT</b> <hr/> Mailing Address <b>P O BOX 105243</b>	<b>Transaction ID:</b> 2011M02L21A00672 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
<div> <div>City ATLANTA      State GA      Zip Code 30348-5243</div> <div>Purpose of Disbursement PHONE SERVICES</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State:      District:</div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General</div> <div><input type="checkbox"/> Other (specify) ▼</div> </div> <div> <div>Category/Type</div> <div></div> </div>	<b>Amount of Each Disbursement this Period</b> <div>61.55</div>
<b>C.</b> Full Name (Last, First, Middle Initial) <b>SPRINT</b> <hr/> Mailing Address <b>P O BOX 105243</b>	<b>Transaction ID:</b> 2011M02L21A00673 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
<div> <div>City ATLANTA      State GA      Zip Code 30348-5243</div> <div>Purpose of Disbursement PHONE SERVICES</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State:      District:</div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General</div> <div><input type="checkbox"/> Other (specify) ▼</div> </div> <div> <div>Category/Type</div> <div></div> </div>	<b>Amount of Each Disbursement this Period</b> <div>61.55</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**174.65**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1232 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>SPRINT</b> <hr/> Mailing Address <b>P O BOX 105243</b>	<b>Transaction ID:</b> 2011M02L21A00674 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
<div> <div>City ATLANTA                      State GA                      Zip Code 30348-5243</div> <div> <div>Purpose of Disbursement PHONE SERVICES</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> <div> <div>State:                      District:</div> </div> </div> <div>Category/Type</div>	<b>Amount of Each Disbursement this Period</b> <div>61.55</div>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>SPRINT</b> <hr/> Mailing Address <b>P O BOX 105243</b>	<b>Transaction ID:</b> 2011M02L21A00675 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
<div> <div>City ATLANTA                      State GA                      Zip Code 30348-5243</div> <div> <div>Purpose of Disbursement PHONE SERVICES</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> <div> <div>State:                      District:</div> </div> </div> <div>Category/Type</div>	<b>Amount of Each Disbursement this Period</b> <div>61.55</div>
<b>C.</b> Full Name (Last, First, Middle Initial) <b>SPRINT</b> <hr/> Mailing Address <b>P O BOX 105243</b>	<b>Transaction ID:</b> 2011M02L21A00676 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
<div> <div>City ATLANTA                      State GA                      Zip Code 30348-5243</div> <div> <div>Purpose of Disbursement PHONE SERVICES</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> <div> <div>State:                      District:</div> </div> </div> <div>Category/Type</div>	<b>Amount of Each Disbursement this Period</b> <div>61.55</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**184.65**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1233 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SPRINT Mailing Address P O BOX 105243	<b>Transaction ID:</b> 2011M02L21A00677 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City ATLANTA State GA Zip Code 30348-5243 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>61.55</div>
<b>B.</b> Full Name (Last, First, Middle Initial) SPRINT Mailing Address P O BOX 105243 City ATLANTA State GA Zip Code 30348-5243 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00678 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>61.55</div>
<b>C.</b> Full Name (Last, First, Middle Initial) SPRINT Mailing Address P O BOX 105243 City ATLANTA State GA Zip Code 30348-5243 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00679 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>61.55</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

184.65

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1234 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

**SPRINT**

Mailing Address **P O BOX 105243**

City  
**ATLANTA**

State  
**GA**

Zip Code  
**30348-5243**

Purpose of Disbursement  
**PHONE SERVICES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2011M02L21A00680**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**61.55**

**B.**

Full Name (Last, First, Middle Initial)

**SPRINT**

Mailing Address **P O BOX 105243**

City  
**ATLANTA**

State  
**GA**

Zip Code  
**30348-5243**

Purpose of Disbursement  
**PHONE SERVICES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2011M02L21A00681**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**61.55**

**C.**

Full Name (Last, First, Middle Initial)

**SPRINT**

Mailing Address **P O BOX 105243**

City  
**ATLANTA**

State  
**GA**

Zip Code  
**30348-5243**

Purpose of Disbursement  
**PHONE SERVICES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2011M02L21A00682**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**61.55**

**SUBTOTAL** of Disbursements This Page (optional) .....

**184.65**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1236 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SPRINT Mailing Address P O BOX 105243	<b>Transaction ID:</b> 2011M02L21A00686 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div>
City ATLANTA State GA Zip Code 30348-5243 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>61.55</div>
<b>B.</b> Full Name (Last, First, Middle Initial) SPRINT Mailing Address P O BOX 105243 City ATLANTA State GA Zip Code 30348-5243 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00687 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>61.55</div>
<b>C.</b> Full Name (Last, First, Middle Initial) SPRINT Mailing Address P O BOX 105243 City ATLANTA State GA Zip Code 30348-5243 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00688 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>61.55</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

184.65

**TOTAL** This Period (last page this line number only) ..... ►



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1237 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

**SPRINT**

Mailing Address **P O BOX 105243**

City  
**ATLANTA**

State  
**GA**

Zip Code  
**30348-5243**

Purpose of Disbursement  
**PHONE SERVICES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2011M02L21A00689**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**61.55**

**B.**

Full Name (Last, First, Middle Initial)

**SPRINT**

Mailing Address **P O BOX 105243**

City  
**ATLANTA**

State  
**GA**

Zip Code  
**30348-5243**

Purpose of Disbursement  
**PHONE SERVICES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2011M02L21A00690**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**61.55**

**C.**

Full Name (Last, First, Middle Initial)

**SPRINT**

Mailing Address **P O BOX 105243**

City  
**ATLANTA**

State  
**GA**

Zip Code  
**30348-5243**

Purpose of Disbursement  
**PHONE SERVICES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2011M02L21A00691**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**61.55**

**SUBTOTAL** of Disbursements This Page (optional) .....

**184.65**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1238 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SPRINT Mailing Address P O BOX 105243	<b>Transaction ID:</b> 2011M02L21A00692 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div>
City ATLANTA State GA Zip Code 30348-5243 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>61.55</div>
<b>B.</b> Full Name (Last, First, Middle Initial) SPRINT Mailing Address P O BOX 105243 City ATLANTA State GA Zip Code 30348-5243 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00693 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>61.55</div>
<b>C.</b> Full Name (Last, First, Middle Initial) SPRINT Mailing Address P O BOX 105243 City ATLANTA State GA Zip Code 30348-5243 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00694 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>71.55</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

194.65

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1239 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SPRINT Mailing Address P O BOX 105243	<b>Transaction ID:</b> 2011M02L21A00695 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1	
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	8		2	0	1	1													
City ATLANTA State GA Zip Code 30348-5243 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>71.55</td> </tr> </table>	71.55																				
71.55																						
<b>B.</b> Full Name (Last, First, Middle Initial) SPRINT Mailing Address P O BOX 105243 City ATLANTA State GA Zip Code 30348-5243 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00696 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>123.10</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1	123.10
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	3		2	0	1	1													
123.10																						
<b>C.</b> Full Name (Last, First, Middle Initial) SPRINT Mailing Address P O BOX 105243 City ATLANTA State GA Zip Code 30348-5243 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00697 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>123.10</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1	123.10
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	3		2	0	1	1													
123.10																						

**SUBTOTAL** of Disbursements This Page (optional) .....

317.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>SPRINT</b> <hr/> Mailing Address <b>P O BOX 105243</b>	<b>Transaction ID:</b> 2011M02L21A00698 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
<div> <div>City ATLANTA      State GA      Zip Code 30348-5243</div> <div>Purpose of Disbursement PHONE SERVICES</div> <div>Candidate Name</div> <div>Category/Type</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State:      District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>123.10</div>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>SPRINT</b> <hr/> Mailing Address <b>P O BOX 105243</b>	<b>Transaction ID:</b> 2011M02L21A00699 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
<div> <div>City ATLANTA      State GA      Zip Code 30348-5243</div> <div>Purpose of Disbursement PHONE SERVICES</div> <div>Candidate Name</div> <div>Category/Type</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State:      District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>123.10</div>
<b>C.</b> Full Name (Last, First, Middle Initial) <b>SPRINT</b> <hr/> Mailing Address <b>P O BOX 105243</b>	<b>Transaction ID:</b> 2011M02L21A00700 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div>
<div> <div>City ATLANTA      State GA      Zip Code 30348-5243</div> <div>Purpose of Disbursement PHONE SERVICES</div> <div>Candidate Name</div> <div>Category/Type</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State:      District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>123.10</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**369.30**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1241 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SPRINT Mailing Address P O BOX 105243	<b>Transaction ID:</b> 2011M02L21A00701 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div>
City ATLANTA State GA Zip Code 30348-5243 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>123.10</div>
<b>B.</b> Full Name (Last, First, Middle Initial) SPRINT Mailing Address P O BOX 105243 City ATLANTA State GA Zip Code 30348-5243 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00702 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>133.10</div>
<b>C.</b> Full Name (Last, First, Middle Initial) SPRINT Mailing Address P O BOX 105243 City ATLANTA State GA Zip Code 30348-5243 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00703 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>133.10</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**389.30**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1242 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>SPRINT</b> <hr/> Mailing Address <b>P O BOX 105243</b>	<b>Transaction ID:</b> 2011M02L21A00704 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
<div> <div>City ATLANTA      State GA      Zip Code 30348-5243</div> <div>Purpose of Disbursement PHONE SERVICES</div> <div>Candidate Name</div> <div>Category/Type</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State:      District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>152.54</div>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>SPRINT</b> <hr/> Mailing Address <b>P O BOX 105243</b>	<b>Transaction ID:</b> 2011M02L21A00705 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div>
<div> <div>City ATLANTA      State GA      Zip Code 30348-5243</div> <div>Purpose of Disbursement PHONE SERVICES</div> <div>Candidate Name</div> <div>Category/Type</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State:      District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>174.85</div>
<b>C.</b> Full Name (Last, First, Middle Initial) <b>SPRINT</b> <hr/> Mailing Address <b>P O BOX 105243</b>	<b>Transaction ID:</b> 2011M02L21A00706 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
<div> <div>City ATLANTA      State GA      Zip Code 30348-5243</div> <div>Purpose of Disbursement PHONE SERVICES</div> <div>Candidate Name</div> <div>Category/Type</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State:      District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>179.10</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**506.49**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SPRINT Mailing Address P O BOX 105243	<b>Transaction ID:</b> 2011M02L21A00707 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div>
City ATLANTA State GA Zip Code 30348-5243 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>184.59</div>
<b>B.</b> Full Name (Last, First, Middle Initial) SPRINT Mailing Address P O BOX 105243 City ATLANTA State GA Zip Code 30348-5243 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00708 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>184.65</div>
<b>C.</b> Full Name (Last, First, Middle Initial) SPRINT Mailing Address P O BOX 105243 City ATLANTA State GA Zip Code 30348-5243 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00709 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>184.65</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

553.89

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1244 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>SPRINT</b> <hr/> Mailing Address <b>P O BOX 105243</b>	<b>Transaction ID:</b> 2011M02L21A00710 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
<div> <div>City ATLANTA      State GA      Zip Code 30348-5243</div> <div>Purpose of Disbursement PHONE SERVICES</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State:      District:</div> </div> <div>Category/Type</div>	<b>Amount of Each Disbursement this Period</b> <div>188.10</div>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>SPRINT</b> <hr/> Mailing Address <b>P O BOX 105243</b>	<b>Transaction ID:</b> 2011M02L21A00711 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
<div> <div>City ATLANTA      State GA      Zip Code 30348-5243</div> <div>Purpose of Disbursement PHONE SERVICES</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State:      District:</div> </div> <div>Category/Type</div>	<b>Amount of Each Disbursement this Period</b> <div>214.09</div>
<b>C.</b> Full Name (Last, First, Middle Initial) <b>SPRINT</b> <hr/> Mailing Address <b>P O BOX 105243</b>	<b>Transaction ID:</b> 2011M02L21A00712 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div>
<div> <div>City ATLANTA      State GA      Zip Code 30348-5243</div> <div>Purpose of Disbursement PHONE SERVICES</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State:      District:</div> </div> <div>Category/Type</div>	<b>Amount of Each Disbursement this Period</b> <div>234.65</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**636.84**

**TOTAL** This Period (last page this line number only) ..... ►



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>SPRINT</b> <hr/> Mailing Address <b>P O BOX 105243</b>	<b>Transaction ID:</b> 2011M02L21A00713 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
<div> <div>City ATLANTA      State GA      Zip Code 30348-5243</div> <div>Purpose of Disbursement PHONE SERVICES</div> <div>Candidate Name</div> <div>Category/Type</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State:      District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>246.20</div>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>SPRINT</b> <hr/> Mailing Address <b>P O BOX 105243</b>	<b>Transaction ID:</b> 2011M02L21A00714 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
<div> <div>City ATLANTA      State GA      Zip Code 30348-5243</div> <div>Purpose of Disbursement PHONE SERVICES</div> <div>Candidate Name</div> <div>Category/Type</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State:      District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>246.20</div>
<b>C.</b> Full Name (Last, First, Middle Initial) <b>SPRINT</b> <hr/> Mailing Address <b>P O BOX 105243</b>	<b>Transaction ID:</b> 2011M02L21A00715 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
<div> <div>City ATLANTA      State GA      Zip Code 30348-5243</div> <div>Purpose of Disbursement PHONE SERVICES</div> <div>Candidate Name</div> <div>Category/Type</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State:      District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>246.20</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**738.60**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1246 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>SPRINT</b> <hr/> Mailing Address <b>P O BOX 105243</b>	<b>Transaction ID:</b> 2011M02L21A00716 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div>
<div> <div>City ATLANTA      State GA      Zip Code 30348-5243</div> <div>Purpose of Disbursement PHONE SERVICES</div> <div>Candidate Name</div> <div>Category/Type</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State:      District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>246.20</div>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>SPRINT</b> <hr/> Mailing Address <b>P O BOX 105243</b>	<b>Transaction ID:</b> 2011M02L21A00717 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div>
<div> <div>City ATLANTA      State GA      Zip Code 30348-5243</div> <div>Purpose of Disbursement PHONE SERVICES</div> <div>Candidate Name</div> <div>Category/Type</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State:      District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>246.20</div>
<b>C.</b> Full Name (Last, First, Middle Initial) <b>SPRINT</b> <hr/> Mailing Address <b>P O BOX 105243</b>	<b>Transaction ID:</b> 2011M02L21A00718 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div>
<div> <div>City ATLANTA      State GA      Zip Code 30348-5243</div> <div>Purpose of Disbursement PHONE SERVICES</div> <div>Candidate Name</div> <div>Category/Type</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State:      District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>296.20</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**788.60**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1247 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SPRINT Mailing Address P O BOX 105243	<b>Transaction ID:</b> 2011M02L21A00719 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City ATLANTA State GA Zip Code 30348-5243 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>302.20</div>
<b>B.</b> Full Name (Last, First, Middle Initial) SPRINT Mailing Address P O BOX 105243 City ATLANTA State GA Zip Code 30348-5243 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00720 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>399.30</div>
<b>C.</b> Full Name (Last, First, Middle Initial) SPRINT Mailing Address P O BOX 105243 City ATLANTA State GA Zip Code 30348-5243 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00721 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>427.85</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**1129.35**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1249 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING, INC	<b>Transaction ID:</b> 2011M02L21A00725 <b>Date of Disbursement</b>																				
Mailing Address 2625 MOMENTUM PLACE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City CHICAGO State IL Zip Code 60689	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td>2146.50</td> </tr> </table>	2146.50																			
2146.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING, INC	<b>Transaction ID:</b> 2011M02L21A00726 <b>Date of Disbursement</b>																				
Mailing Address 2625 MOMENTUM PLACE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City CHICAGO State IL Zip Code 60689	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td>3002.00</td> </tr> </table>	3002.00																			
3002.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING, INC	<b>Transaction ID:</b> 2011M02L21A00727 <b>Date of Disbursement</b>																				
Mailing Address 2625 MOMENTUM PLACE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City CHICAGO State IL Zip Code 60689	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td>5542.00</td> </tr> </table>	5542.00																			
5542.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

10690.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1250 / 1391

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
 STRATEGIC FUNDRAISING, INC

Mailing Address 2625 MOMENTUM PLACE

City CHICAGO State IL Zip Code 60689

Purpose of Disbursement  
 TELEMARKETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00728

Date of Disbursement

/   /

Amount of Each Disbursement this Period

7751.00

B.

Full Name (Last, First, Middle Initial)  
 STRATEGIC FUNDRAISING, INC

Mailing Address 2625 MOMENTUM PLACE

City CHICAGO State IL Zip Code 60689

Purpose of Disbursement  
 TELEMARKETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00729

Date of Disbursement

/   /

Amount of Each Disbursement this Period

68090.00

C.

Full Name (Last, First, Middle Initial)  
 STRATEGIC FUNDRAISING, INC

Mailing Address 2625 MOMENTUM PLACE

City CHICAGO State IL Zip Code 60689

Purpose of Disbursement  
 TELEMARKETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00730

Date of Disbursement

/   /

Amount of Each Disbursement this Period

74089.60

SUBTOTAL of Disbursements This Page (optional) .....

149930.60

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1251 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) STRATEGIC DIRECTION.COM	<b>Transaction ID:</b> 2011M02L21A00731 <b>Date of Disbursement</b>																				
Mailing Address 420 EAST JEFFERSON STREET SUITE 106	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City TALLAHASSEE State FL Zip Code 32301	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEMARKETING	<table border="1"> <tr> <td>13371.08</td> </tr> </table>	13371.08																			
13371.08																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) STURGILL, LLC	<b>Transaction ID:</b> 2011M02L21A00732 <b>Date of Disbursement</b>																				
Mailing Address 8180 LARK BROWN ROAD SUITE 201	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City ELKRIDGE State MD Zip Code 20175	Amount of Each Disbursement this Period																				
Purpose of Disbursement AUDIT SERVICES	<table border="1"> <tr> <td>375.00</td> </tr> </table>	375.00																			
375.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) TECHNOLOGY PARTNERS INC.	<b>Transaction ID:</b> 2011M02L21A00733 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 790379	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City ST. LOUIS State MO Zip Code 63179	Amount of Each Disbursement this Period																				
Purpose of Disbursement IT SUPPORT/MAINTENANCE	<table border="1"> <tr> <td>8400.00</td> </tr> </table>	8400.00																			
8400.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

22146.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1252 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
 TECHNOLOGY PARTNERS INC.

Mailing Address PO BOX 790379

City State Zip Code  
 ST. LOUIS MO 63179

Purpose of Disbursement  
 IT SUPPORT/MAINTENANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00734

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 0 1 / 0 6 / 2 0 1 1

Amount of Each Disbursement this Period

9600.00

**B.**

Full Name (Last, First, Middle Initial)  
 THOMPSON WEST

Mailing Address WEST PAYMENT CENTER  
 PO BOX 6292

City State Zip Code  
 CAROL STREAM IL 60197

Purpose of Disbursement  
 RESEARCH SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00735

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 0 1 / 0 6 / 2 0 1 1

Amount of Each Disbursement this Period

6062.13

**C.**

Full Name (Last, First, Middle Initial)  
 THOMPSON WEST

Mailing Address WEST PAYMENT CENTER  
 PO BOX 6292

City State Zip Code  
 CAROL STREAM IL 60197

Purpose of Disbursement  
 RESEARCH SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00736

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 0 1 / 2 0 / 2 0 1 1

Amount of Each Disbursement this Period

6087.56

**SUBTOTAL** of Disbursements This Page (optional) .....

21749.69

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1253 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
 TODD ALLAN PRINTING, CO., INC

Mailing Address 5760 SUNNYSIDE AVE

City State Zip Code  
 BELTSVILLE MD 20705

Purpose of Disbursement  
 PRINTING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 2011M02L21A00737

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2215.00

**B.** Full Name (Last, First, Middle Initial)  
 TRANSAMERICA LIFE INSURANCE

Mailing Address 1150 SOUTH OLIVE STREET

City State Zip Code  
 LOS ANGELES CA 90015-2211

Purpose of Disbursement  
 401K MATCH

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 2011M02L21A00738

Date of Disbursement

/   /

Amount of Each Disbursement this Period

7312.73

**C.** Full Name (Last, First, Middle Initial)  
 TRANSAMERICA LIFE INSURANCE

Mailing Address 1150 SOUTH OLIVE STREET

City State Zip Code  
 LOS ANGELES CA 90015-2211

Purpose of Disbursement  
 401K MATCH

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 2011M02L21A00739

Date of Disbursement

/   /

Amount of Each Disbursement this Period

7817.43

**SUBTOTAL** of Disbursements This Page (optional) .....

17345.16

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1254 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) TRANSAMERICA LIFE INSURANCE	<b>Transaction ID:</b> 2011M02L21A00740 <b>Date of Disbursement</b>																				
Mailing Address 1150 SOUTH OLIVE STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
<table border="1"> <tr> <td>City LOS ANGELES</td> <td>State CA</td> <td>Zip Code 90015-2211</td> </tr> <tr> <td colspan="2">Purpose of Disbursement EMPLOYEE DEDUCTION</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City LOS ANGELES	State CA	Zip Code 90015-2211	Purpose of Disbursement EMPLOYEE DEDUCTION		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>16305.99</td> </tr> </table>	16305.99											
City LOS ANGELES	State CA	Zip Code 90015-2211																			
Purpose of Disbursement EMPLOYEE DEDUCTION		<input type="text"/> Category/ Type																			
Candidate Name																					
16305.99																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) TRANSAMERICA LIFE INSURANCE	<b>Transaction ID:</b> 2011M02L21A00741 <b>Date of Disbursement</b>																				
Mailing Address 1150 SOUTH OLIVE STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
<table border="1"> <tr> <td>City LOS ANGELES</td> <td>State CA</td> <td>Zip Code 90015-2211</td> </tr> <tr> <td colspan="2">Purpose of Disbursement EMPLOYEE DEDUCTION</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City LOS ANGELES	State CA	Zip Code 90015-2211	Purpose of Disbursement EMPLOYEE DEDUCTION		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>17211.01</td> </tr> </table>	17211.01											
City LOS ANGELES	State CA	Zip Code 90015-2211																			
Purpose of Disbursement EMPLOYEE DEDUCTION		<input type="text"/> Category/ Type																			
Candidate Name																					
17211.01																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) FRANK TRECVOCI	<b>Transaction ID:</b> 2011M02L21A00742 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
<table border="1"> <tr> <td>City WASHINGTON</td> <td>State DC</td> <td>Zip Code 20003</td> </tr> <tr> <td colspan="2">Purpose of Disbursement AIR FARE</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City WASHINGTON	State DC	Zip Code 20003	Purpose of Disbursement AIR FARE		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>227.20</td> </tr> </table>	227.20											
City WASHINGTON	State DC	Zip Code 20003																			
Purpose of Disbursement AIR FARE		<input type="text"/> Category/ Type																			
Candidate Name																					
227.20																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**33744.20**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1255 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) FRANK TRECVOCI	<b>Transaction ID:</b> 2011M02L21A00743 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement AIR FARE Candidate Name	<table border="1"> <tr> <td colspan="10">227.20</td> </tr> </table>	227.20																			
227.20																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) FRANK TRECVOCI	<b>Transaction ID:</b> 2011M02L21A00744 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement VOID-ISSUED IN ERROR 01/28/11 Candidate Name	<table border="1"> <tr> <td colspan="10">-227.20</td> </tr> </table>	-227.20																			
-227.20																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) UNITED AIRLINES	<b>Transaction ID:</b> 2011M02L21A00745 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 2013	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City CHICAGO State IL Zip Code 60673	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement AIR TRAVEL Candidate Name	<table border="1"> <tr> <td colspan="10">635.80</td> </tr> </table>	635.80																			
635.80																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

635.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1256 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>UNITED AIRLINES</b> <hr/> Mailing Address <b>PO BOX 2013</b>	<b>Transaction ID:</b> 2011M02L21A00746 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
<div> <div>City <b>CHICAGO</b> State <b>IL</b> Zip Code <b>60673</b></div> <div> <div>Purpose of Disbursement <b>AIR TRAVEL</b></div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> </div> <div>Category/Type</div>	<b>Amount of Each Disbursement this Period</b> <div>1063.10</div>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>UNITED AIRLINES</b> <hr/> Mailing Address <b>PO BOX 2013</b>	<b>Transaction ID:</b> 2011M02L21A00747 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
<div> <div>City <b>CHICAGO</b> State <b>IL</b> Zip Code <b>60673</b></div> <div> <div>Purpose of Disbursement <b>AIR TRAVEL</b></div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> </div> <div>Category/Type</div>	<b>Amount of Each Disbursement this Period</b> <div>2138.60</div>
<b>C.</b> Full Name (Last, First, Middle Initial) <b>UPS</b> <hr/> Mailing Address <b>P O BOX 7247-0244</b>	<b>Transaction ID:</b> 2011M02L21A00748 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div>
<div> <div>City <b>PHILADELPHIA</b> State <b>PA</b> Zip Code <b>19170-0001</b></div> <div> <div>Purpose of Disbursement <b>DELIVERY SERVICES</b></div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div> </div> <div>Category/Type</div>	<b>Amount of Each Disbursement this Period</b> <div>1.23</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3202.93**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1257 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) UPS	<b>Transaction ID:</b> 2011M02L21A00749 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 7247-0244	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City PHILADELPHIA State PA Zip Code 19170-0001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement DELIVERY SERVICES	<table border="1"> <tr> <td>20.43</td> </tr> </table>	20.43																			
20.43																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) UPS	<b>Transaction ID:</b> 2011M02L21A00750 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 7247-0244	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City PHILADELPHIA State PA Zip Code 19170-0001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement DELIVERY SERVICES	<table border="1"> <tr> <td>26.99</td> </tr> </table>	26.99																			
26.99																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) UPS	<b>Transaction ID:</b> 2011M02L21A00751 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 7247-0244	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City PHILADELPHIA State PA Zip Code 19170-0001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement DELIVERY SERVICES	<table border="1"> <tr> <td>29.71</td> </tr> </table>	29.71																			
29.71																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**77.13**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1258 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) UPS	<b>Transaction ID:</b> 2011M02L21A00752 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 7247-0244	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City PHILADELPHIA State PA Zip Code 19170-0001 Purpose of Disbursement DELIVERY SERVICES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>29.85</td> </tr> </table>	29.85																			
29.85																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) UPS	<b>Transaction ID:</b> 2011M02L21A00753 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 7247-0244	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City PHILADELPHIA State PA Zip Code 19170-0001 Purpose of Disbursement DELIVERY SERVICES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>49.91</td> </tr> </table>	49.91																			
49.91																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) UPS	<b>Transaction ID:</b> 2011M02L21A00754 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 7247-0244	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City PHILADELPHIA State PA Zip Code 19170-0001 Purpose of Disbursement DELIVERY SERVICES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>62.78</td> </tr> </table>	62.78																			
62.78																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

**SUBTOTAL** of Disbursements This Page (optional) .....

142.54

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
UPS

Mailing Address P O BOX 7247-0244

City PHILADELPHIA State PA Zip Code 19170-0001

Purpose of Disbursement  
DELIVERY SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00755  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	1

Amount of Each Disbursement this Period

95.12

**B.**Full Name (Last, First, Middle Initial)  
US POSTMASTER -WASHINGTON, DC

Mailing Address 900 BRENTWOOD RD, NE

City WASHINGTON State DC Zip Code 20066

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00756  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	1

Amount of Each Disbursement this Period

1040.00

**C.**Full Name (Last, First, Middle Initial)  
US POSTMASTER -WASHINGTON, DC

Mailing Address 900 BRENTWOOD RD, NE

City WASHINGTON State DC Zip Code 20066

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00757  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	1

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

3635.12

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) US POSTMASTER -WASHINGTON, DC	<b>Transaction ID:</b> 2011M02L21A00758 <b>Date of Disbursement</b>																				
Mailing Address 900 BRENTWOOD RD, NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	5		2	0	1	1												
City WASHINGTON State DC Zip Code 20066	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement POSTAGE	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) US POSTMASTER -WASHINGTON, DC	<b>Transaction ID:</b> 2011M02L21A00759 <b>Date of Disbursement</b>																				
Mailing Address 900 BRENTWOOD RD, NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City WASHINGTON State DC Zip Code 20066	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement POSTAGE	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) US POSTMASTER -WASHINGTON, DC	<b>Transaction ID:</b> 2011M02L21A00760 <b>Date of Disbursement</b>																				
Mailing Address 900 BRENTWOOD RD, NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City WASHINGTON State DC Zip Code 20066	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement POSTAGE	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

12500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
 US POSTMASTER -WASHINGTON, DC

Mailing Address 900 BRENTWOOD RD, NE

City WASHINGTON State DC Zip Code 20066

Purpose of Disbursement  
 POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00761  
 Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	1

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)  
 US POSTMASTER -WASHINGTON, DC

Mailing Address 900 BRENTWOOD RD, NE

City WASHINGTON State DC Zip Code 20066

Purpose of Disbursement  
 POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00762  
 Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	1

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)  
 US POSTMASTER -WASHINGTON, DC

Mailing Address 900 BRENTWOOD RD, NE

City WASHINGTON State DC Zip Code 20066

Purpose of Disbursement  
 POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00763  
 Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	1

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

15000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) US POSTMASTER -WASHINGTON, DC	<b>Transaction ID:</b> 2011M02L21A00764 <b>Date of Disbursement</b>																				
Mailing Address 900 BRENTWOOD RD, NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	7		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	7		2	0	1	1												
City WASHINGTON State DC Zip Code 20066	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement POSTAGE	<table border="1"> <tr> <td>10000.00</td> </tr> </table>	10000.00																			
10000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) US POSTMASTER -WASHINGTON, DC	<b>Transaction ID:</b> 2011M02L21A00765 <b>Date of Disbursement</b>																				
Mailing Address 900 BRENTWOOD RD, NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	5		2	0	1	1												
City WASHINGTON State DC Zip Code 20066	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement POSTAGE	<table border="1"> <tr> <td>15000.00</td> </tr> </table>	15000.00																			
15000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) VERIZON BUSINESS	<b>Transaction ID:</b> 2011M02L21A00766 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 382040	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City PITTSBURGH State PA Zip Code 15251	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PHONE SERVICES	<table border="1"> <tr> <td>8.40</td> </tr> </table>	8.40																			
8.40																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

25008.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VERIZON BUSINESS Mailing Address P O BOX 382040	<b>Transaction ID:</b> 2011M02L21A00767 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div>
City PITTSBURGH State PA Zip Code 15251 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>10.17</div>
<b>B.</b> Full Name (Last, First, Middle Initial) VERIZON BUSINESS Mailing Address P O BOX 382040 City PITTSBURGH State PA Zip Code 15251 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00768 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>10.17</div>
<b>C.</b> Full Name (Last, First, Middle Initial) VERIZON BUSINESS Mailing Address P O BOX 382040 City PITTSBURGH State PA Zip Code 15251 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00769 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>10.17</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**30.51**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1264 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VERIZON BUSINESS Mailing Address P O BOX 382040	<b>Transaction ID:</b> 2011M02L21A00770 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div>
City PITTSBURGH State PA Zip Code 15251 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>10.18</div>
<b>B.</b> Full Name (Last, First, Middle Initial) VERIZON BUSINESS Mailing Address P O BOX 382040 City PITTSBURGH State PA Zip Code 15251 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00771 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>10.18</div>
<b>C.</b> Full Name (Last, First, Middle Initial) VERIZON BUSINESS Mailing Address P O BOX 382040 City PITTSBURGH State PA Zip Code 15251 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00772 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>16.72</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**37.08**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1265 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VERIZON BUSINESS Mailing Address P O BOX 382040	<b>Transaction ID:</b> 2011M02L21A00773 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div>
City PITTSBURGH State PA Zip Code 15251 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>65.34</div>
<b>B.</b> Full Name (Last, First, Middle Initial) VERIZON BUSINESS Mailing Address P O BOX 382040 City PITTSBURGH State PA Zip Code 15251 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00774 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>76.34</div>
<b>C.</b> Full Name (Last, First, Middle Initial) VERIZON BUSINESS Mailing Address P O BOX 382040 City PITTSBURGH State PA Zip Code 15251 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00775 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>87.28</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**228.96**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1266 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VERIZON BUSINESS Mailing Address P O BOX 382040	<b>Transaction ID:</b> 2011M02L21A00776 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div>
City PITTSBURGH State PA Zip Code 15251 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>139.98</div>
<b>B.</b> Full Name (Last, First, Middle Initial) VERIZON BUSINESS Mailing Address P O BOX 382040 City PITTSBURGH State PA Zip Code 15251 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00777 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>160.56</div>
<b>C.</b> Full Name (Last, First, Middle Initial) VERIZON BUSINESS Mailing Address P O BOX 382040 City PITTSBURGH State PA Zip Code 15251 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00778 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>172.90</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**473.44**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1268 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505	<b>Transaction ID:</b> 2011M02L21A00782 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1	
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	8		2	0	1	1													
City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>61.26</td> </tr> </table>	61.26																				
61.26																						
<b>B.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505 City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00783 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>61.29</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1	61.29
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	8		2	0	1	1													
61.29																						
<b>C.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505 City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00784 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>77.59</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1	77.59
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	8		2	0	1	1													
77.59																						

SUBTOTAL of Disbursements This Page (optional) .....

200.14

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1269 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2011M02L21A00785 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City LEHIGH VALLEY State PA Zip Code 18002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PHONE SERVICES	<table border="1"> <tr> <td colspan="10">79.04</td> </tr> </table>	79.04																			
79.04																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2011M02L21A00786 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City LEHIGH VALLEY State PA Zip Code 18002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PHONE SERVICES	<table border="1"> <tr> <td colspan="10">82.58</td> </tr> </table>	82.58																			
82.58																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2011M02L21A00787 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City LEHIGH VALLEY State PA Zip Code 18002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PHONE SERVICES	<table border="1"> <tr> <td colspan="10">83.64</td> </tr> </table>	83.64																			
83.64																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**245.26**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1271 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2011M02L21A00791 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City LEHIGH VALLEY State PA Zip Code 18002	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>83.64</td> </tr> </table>	83.64																			
83.64																					
Purpose of Disbursement PHONE SERVICES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2011M02L21A00792 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City LEHIGH VALLEY State PA Zip Code 18002	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>83.64</td> </tr> </table>	83.64																			
83.64																					
Purpose of Disbursement PHONE SERVICES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2011M02L21A00793 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City LEHIGH VALLEY State PA Zip Code 18002	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>87.51</td> </tr> </table>	87.51																			
87.51																					
Purpose of Disbursement PHONE SERVICES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

254.79

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1272 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2011M02L21A00794 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City LEHIGH VALLEY State PA Zip Code 18002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PHONE SERVICES	<table border="1"> <tr> <td>88.19</td> </tr> </table>	88.19																			
88.19																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2011M02L21A00795 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City LEHIGH VALLEY State PA Zip Code 18002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PHONE SERVICES	<table border="1"> <tr> <td>124.64</td> </tr> </table>	124.64																			
124.64																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2011M02L21A00796 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City LEHIGH VALLEY State PA Zip Code 18002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PHONE SERVICES	<table border="1"> <tr> <td>144.85</td> </tr> </table>	144.85																			
144.85																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**357.68**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) <b>VERIZON WIRELESS</b>	<b>Transaction ID:</b> 2011M02L21A00797 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div><small>0</small> <small>1</small></div> <div><small>2</small> <small>8</small></div> <div><small>2</small> <small>0</small> <small>1</small> <small>1</small></div> </div>	
Mailing Address    P O BOX 25505	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: right; font-weight: bold;">158.49</div>	
<div>City <b>LEHIGH VALLEY</b></div> <div>State <b>PA</b></div> <div>Zip Code <b>18002</b></div>		
<div style="flex: 1;">           Purpose of Disbursement  <b>PHONE SERVICES</b> </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;">             Category/ Type           </div>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                  District:		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>VERIZON WIRELESS</b>		<b>Transaction ID:</b> 2011M02L21A00798 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div><small>0</small> <small>1</small></div> <div><small>2</small> <small>8</small></div> <div><small>2</small> <small>0</small> <small>1</small> <small>1</small></div> </div>
Mailing Address    P O BOX 25505		<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: right; font-weight: bold;">161.23</div>
<div>City <b>LEHIGH VALLEY</b></div> <div>State <b>PA</b></div> <div>Zip Code <b>18002</b></div>		
<div style="flex: 1;">           Purpose of Disbursement  <b>PHONE SERVICES</b> </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;">             Category/ Type           </div>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                  District:		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>VERIZON WIRELESS</b>		<b>Transaction ID:</b> 2011M02L21A00799 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div><small>0</small> <small>1</small></div> <div><small>2</small> <small>8</small></div> <div><small>2</small> <small>0</small> <small>1</small> <small>1</small></div> </div>
Mailing Address    P O BOX 25505		<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: right; font-weight: bold;">167.01</div>
<div>City <b>LEHIGH VALLEY</b></div> <div>State <b>PA</b></div> <div>Zip Code <b>18002</b></div>		
<div style="flex: 1;">           Purpose of Disbursement  <b>PHONE SERVICES</b> </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; font-size: 0.8em;">             Category/ Type           </div>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                  District:		
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶		<div style="border: 1px solid black; padding: 5px; text-align: right; font-weight: bold;">486.73</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1274 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505	<b>Transaction ID:</b> 2011M02L21A00800 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div>
City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>167.28</div>
<b>B.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505 City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00801 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>167.28</div>
<b>C.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505 City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00802 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>169.34</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**503.90**

**TOTAL** This Period (last page this line number only) ..... ►

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1278 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2011M02L21A00812 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
<table border="1"> <tr> <td>City LEHIGH VALLEY</td> <td>State PA</td> <td>Zip Code 18002</td> </tr> <tr> <td colspan="2">Purpose of Disbursement PHONE SERVICES</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City LEHIGH VALLEY	State PA	Zip Code 18002	Purpose of Disbursement PHONE SERVICES		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>399.93</td> </tr> </table>	399.93											
City LEHIGH VALLEY	State PA	Zip Code 18002																			
Purpose of Disbursement PHONE SERVICES		<input type="text"/> Category/ Type																			
Candidate Name																					
399.93																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2011M02L21A00813 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
<table border="1"> <tr> <td>City LEHIGH VALLEY</td> <td>State PA</td> <td>Zip Code 18002</td> </tr> <tr> <td colspan="2">Purpose of Disbursement PHONE SERVICES</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City LEHIGH VALLEY	State PA	Zip Code 18002	Purpose of Disbursement PHONE SERVICES		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>404.95</td> </tr> </table>	404.95											
City LEHIGH VALLEY	State PA	Zip Code 18002																			
Purpose of Disbursement PHONE SERVICES		<input type="text"/> Category/ Type																			
Candidate Name																					
404.95																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2011M02L21A00814 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
<table border="1"> <tr> <td>City LEHIGH VALLEY</td> <td>State PA</td> <td>Zip Code 18002</td> </tr> <tr> <td colspan="2">Purpose of Disbursement PHONE SERVICES</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City LEHIGH VALLEY	State PA	Zip Code 18002	Purpose of Disbursement PHONE SERVICES		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>459.83</td> </tr> </table>	459.83											
City LEHIGH VALLEY	State PA	Zip Code 18002																			
Purpose of Disbursement PHONE SERVICES		<input type="text"/> Category/ Type																			
Candidate Name																					
459.83																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1264.71

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505	<b>Transaction ID:</b> 2011M02L21A00815 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div>
City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>480.16</div>
<b>B.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505 City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00816 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>487.09</div>
<b>C.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P O BOX 25505 City LEHIGH VALLEY State PA Zip Code 18002 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00817 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>496.67</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**1463.92**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1280 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2011M02L21A00818 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City LEHIGH VALLEY State PA Zip Code 18002	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>585.73</td> </tr> </table>	585.73																			
585.73																					
Purpose of Disbursement PHONE SERVICES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2011M02L21A00819 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City LEHIGH VALLEY State PA Zip Code 18002	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>617.05</td> </tr> </table>	617.05																			
617.05																					
Purpose of Disbursement PHONE SERVICES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) VERIZON WIRELESS	<b>Transaction ID:</b> 2011M02L21A00820 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City LEHIGH VALLEY State PA Zip Code 18002	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>617.62</td> </tr> </table>	617.62																			
617.62																					
Purpose of Disbursement PHONE SERVICES Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1820.40

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1282 / 1391

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VERIZON Mailing Address P O BOX 660720	<b>Transaction ID:</b> 2011M02L21A00824 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 6 / 2 0 1 1</div> </div>
City DALLAS State TX Zip Code 75266 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>5560.71</div>
<b>B.</b> Full Name (Last, First, Middle Initial) VERIZON Mailing Address P O BOX 660720 City DALLAS State TX Zip Code 75266-0720 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00825 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 6 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>4155.14</div>
<b>C.</b> Full Name (Last, First, Middle Initial) VERIZON Mailing Address P O BOX 4832 City TRENTON State NJ Zip Code 08650-4832 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00826 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 6 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>751.16</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

10467.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1283 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VERIZON Mailing Address P O BOX 4832	<b>Transaction ID:</b> 2011M02L21A00827 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1	
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		0	6		2	0	1	1													
City TRENTON State NJ Zip Code 08650-4832 Purpose of Disbursement PHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>751.17</td> </tr> </table>	751.17																				
751.17																						
<b>B.</b> Full Name (Last, First, Middle Initial) JON WACLAWSKI Mailing Address 310 FIRST STREET SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement LODGING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00828 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>957.56</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1	957.56
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	8		2	0	1	1													
957.56																						
<b>C.</b> Full Name (Last, First, Middle Initial) JON WACLAWSKI Mailing Address 310 FIRST STREET SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement LODGING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00829 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>957.56</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1	957.56
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	8		2	0	1	1													
957.56																						

**SUBTOTAL** of Disbursements This Page (optional) .....

2666.29

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1284 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JON WACLAWSKI

Mailing Address 310 FIRST STREET SE

City  
 WASHINGTON

State  
 DC

Zip Code  
 20003

Purpose of Disbursement  
 TRAVEL-MEALS

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00830

Date of Disbursement

/   /

Amount of Each Disbursement this Period

19.98

**B.**

Full Name (Last, First, Middle Initial)

JON WACLAWSKI

Mailing Address 310 FIRST STREET SE

City  
 WASHINGTON

State  
 DC

Zip Code  
 20003

Purpose of Disbursement  
 TRAVEL-MEALS

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00831

Date of Disbursement

/   /

Amount of Each Disbursement this Period

19.98

**C.**

Full Name (Last, First, Middle Initial)

JON WACLAWSKI

Mailing Address 310 FIRST STREET SE

City  
 WASHINGTON

State  
 DC

Zip Code  
 20003

Purpose of Disbursement  
 VOID-ISSUED IN ERROR 01/28/11

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2011M02L21A00832

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-957.56

**SUBTOTAL** of Disbursements This Page (optional) .....

-917.60

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1285 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JON WACLAWSKI	<b>Transaction ID:</b> 2011M02L21A00833 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement VOID-ISSUED IN ERROR 01/28/11	<table border="1"> <tr> <td colspan="10">-19.98</td> </tr> </table>	-19.98																			
-19.98																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) WASHINGTON GAS	<b>Transaction ID:</b> 2011M02L21A00834 <b>Date of Disbursement</b>																				
Mailing Address P O BOX 37747	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City PHILADELPHIA State PA Zip Code 19101	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement UTILITIES	<table border="1"> <tr> <td colspan="10">1253.05</td> </tr> </table>	1253.05																			
1253.05																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) WASHOE COUNTY REGISTRAR	<b>Transaction ID:</b> 2011M02L21A00835 <b>Date of Disbursement</b>																				
Mailing Address 1001 E. NINTH STREET ROOM A135	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City RENO State NV Zip Code 89512	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement VOTER LIST	<table border="1"> <tr> <td colspan="10">2215.78</td> </tr> </table>	2215.78																			
2215.78																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3448.85**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1286 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) WESTAR SATELLITE SERVICES	<b>Transaction ID:</b> 2011M02L21A00836 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 974375	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City DALLAS State TX Zip Code 75397	Amount of Each Disbursement this Period																				
Purpose of Disbursement SATELLITE SERVICES Candidate Name	<table border="1"> <tr> <td colspan="10">893.20</td> </tr> </table>	893.20																			
893.20																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) RICK WILEY	<b>Transaction ID:</b> 2011M02L21A00837 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement LODGING Candidate Name	<table border="1"> <tr> <td colspan="10">1010.69</td> </tr> </table>	1010.69																			
1010.69																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) RICK WILEY	<b>Transaction ID:</b> 2011M02L21A00838 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PARKING Candidate Name	<table border="1"> <tr> <td colspan="10">173.78</td> </tr> </table>	173.78																			
173.78																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2077.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1287 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

**RICK WILEY**

Mailing Address **310 FIRST STREET SE**

City  
**WASHINGTON**

State  
**DC**

Zip Code  
**20003**

Purpose of Disbursement  
**PHONE SERVICES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2011M02L21A00839**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**126.44**

**B.**

Full Name (Last, First, Middle Initial)

**RICK WILEY**

Mailing Address **310 FIRST STREET SE**

City  
**WASHINGTON**

State  
**DC**

Zip Code  
**20003**

Purpose of Disbursement  
**TRAVEL-MEALS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2011M02L21A00840**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**9.41**

**C.**

Full Name (Last, First, Middle Initial)

**RICK WILEY**

Mailing Address **310 FIRST STREET SE**

City  
**WASHINGTON**

State  
**DC**

Zip Code  
**20003**

Purpose of Disbursement  
**TRAVEL-MEALS**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 2011M02L21A00841**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**12.08**

**SUBTOTAL** of Disbursements This Page (optional) .....

**147.93**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1288 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

RICK WILEY

Mailing Address 310 FIRST STREET SE

City  
 WASHINGTON

State  
 DC

Zip Code  
 20003

Purpose of Disbursement  
 TRAVEL-MEALS

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00842

Date of Disbursement

/   /

Amount of Each Disbursement this Period

85.02

**B.**

Full Name (Last, First, Middle Initial)

RICK WILEY

Mailing Address 310 FIRST STREET SE

City  
 WASHINGTON

State  
 DC

Zip Code  
 20003

Purpose of Disbursement  
 TRAVEL-MEALS

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00843

Date of Disbursement

/   /

Amount of Each Disbursement this Period

132.68

**C.**

Full Name (Last, First, Middle Initial)

RICK WILEY

Mailing Address 310 FIRST STREET SE

City  
 WASHINGTON

State  
 DC

Zip Code  
 20003

Purpose of Disbursement  
 TRAVEL-MEALS

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21A00844

Date of Disbursement

/   /

Amount of Each Disbursement this Period

169.65

**SUBTOTAL** of Disbursements This Page (optional) .....

387.35

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1289 / 1391

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) RICK WILEY Mailing Address 310 FIRST STREET SE	<b>Transaction ID:</b> 2011M02L21A00845 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div>
City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement TRAVEL-PARKING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>76.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) RICK WILEY Mailing Address 310 FIRST STREET SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement TRAVEL-PARKING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00846 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>115.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) RICK WILEY Mailing Address 310 FIRST STREET SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement TRAVEL-TAXI Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2011M02L21A00847 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>25.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**216.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1290 / 1391

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) RICK WILEY	<b>Transaction ID:</b> 2011M02L21A00848 <b>Date of Disbursement</b>
Mailing Address 310 FIRST STREET SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div>
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TRAVEL-TAXI	<div>95.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) RICK WILEY	<b>Transaction ID:</b> 2011M02L21A00849 <b>Date of Disbursement</b>
Mailing Address 310 FIRST STREET SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div>
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TRAVEL-TRAIN FARE	<div>14.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) NEAL E. WISE	<b>Transaction ID:</b> 2011M02L21A00850 <b>Date of Disbursement</b>
Mailing Address 310 FIRST STREET SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement AIR BAGGAGE COST	<div>23.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**132.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1291 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) NEAL E. WISE	<b>Transaction ID:</b> 2011M02L21A00851 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
<table border="1"> <tr> <td>City WASHINGTON</td> <td>State DC</td> <td>Zip Code 20003</td> </tr> <tr> <td colspan="2">Purpose of Disbursement AIR BAGGAGE COST</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City WASHINGTON	State DC	Zip Code 20003	Purpose of Disbursement AIR BAGGAGE COST		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>25.00</td> </tr> </table>	25.00											
City WASHINGTON	State DC	Zip Code 20003																			
Purpose of Disbursement AIR BAGGAGE COST		<input type="text"/> Category/ Type																			
Candidate Name																					
25.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) NEAL E. WISE	<b>Transaction ID:</b> 2011M02L21A00852 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
<table border="1"> <tr> <td>City WASHINGTON</td> <td>State DC</td> <td>Zip Code 20003</td> </tr> <tr> <td colspan="2">Purpose of Disbursement AIR BAGGAGE COST</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City WASHINGTON	State DC	Zip Code 20003	Purpose of Disbursement AIR BAGGAGE COST		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>25.00</td> </tr> </table>	25.00											
City WASHINGTON	State DC	Zip Code 20003																			
Purpose of Disbursement AIR BAGGAGE COST		<input type="text"/> Category/ Type																			
Candidate Name																					
25.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) NEAL E. WISE	<b>Transaction ID:</b> 2011M02L21A00853 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
<table border="1"> <tr> <td>City WASHINGTON</td> <td>State DC</td> <td>Zip Code 20003</td> </tr> <tr> <td colspan="2">Purpose of Disbursement CAR RENTAL</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City WASHINGTON	State DC	Zip Code 20003	Purpose of Disbursement CAR RENTAL		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>361.38</td> </tr> </table>	361.38											
City WASHINGTON	State DC	Zip Code 20003																			
Purpose of Disbursement CAR RENTAL		<input type="text"/> Category/ Type																			
Candidate Name																					
361.38																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**411.38**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) NEAL E. WISE	<b>Transaction ID:</b> 2011M02L21A00854 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CAR RENTAL	<table border="1"> <tr> <td>723.32</td> </tr> </table>	723.32																			
723.32																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) NEAL E. WISE	<b>Transaction ID:</b> 2011M02L21A00855 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TIPS	<table border="1"> <tr> <td>9.00</td> </tr> </table>	9.00																			
9.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) NEAL E. WISE	<b>Transaction ID:</b> 2011M02L21A00856 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TIPS	<table border="1"> <tr> <td>20.00</td> </tr> </table>	20.00																			
20.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**752.32**

**TOTAL** This Period (last page this line number only) .....



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1294 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) NEAL E. WISE	<b>Transaction ID:</b> 2011M02L21A00860 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-MEALS Candidate Name	<table border="1"> <tr> <td colspan="10">2.72</td> </tr> </table>	2.72																			
2.72																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) NEAL E. WISE	<b>Transaction ID:</b> 2011M02L21A00861 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-MEALS Candidate Name	<table border="1"> <tr> <td colspan="10">3.92</td> </tr> </table>	3.92																			
3.92																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) NEAL E. WISE	<b>Transaction ID:</b> 2011M02L21A00862 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-MEALS Candidate Name	<table border="1"> <tr> <td colspan="10">7.19</td> </tr> </table>	7.19																			
7.19																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**13.83**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1295 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) NEAL E. WISE	<b>Transaction ID:</b> 2011M02L21A00863 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-MEALS Candidate Name	<table border="1"> <tr> <td colspan="10">9.73</td> </tr> </table>	9.73																			
9.73																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) NEAL E. WISE	<b>Transaction ID:</b> 2011M02L21A00864 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-MEALS Candidate Name	<table border="1"> <tr> <td colspan="10">14.91</td> </tr> </table>	14.91																			
14.91																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) NEAL E. WISE	<b>Transaction ID:</b> 2011M02L21A00865 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-MEALS Candidate Name	<table border="1"> <tr> <td colspan="10">47.82</td> </tr> </table>	47.82																			
47.82																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**72.46**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1296 / 1391

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) NEAL E. WISE	<b>Transaction ID:</b> 2011M02L21A00866 <b>Date of Disbursement</b>
Mailing Address 310 FIRST STREET SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TRAVEL-MEALS	<div>51.09</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) NEAL E. WISE	<b>Transaction ID:</b> 2011M02L21A00867 <b>Date of Disbursement</b>
Mailing Address 310 FIRST STREET SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TRAVEL-MEALS	<div>54.83</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) NEAL E. WISE	<b>Transaction ID:</b> 2011M02L21A00868 <b>Date of Disbursement</b>
Mailing Address 310 FIRST STREET SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TRAVEL-MEALS	<div>59.76</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

165.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1297 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) NEAL E. WISE	<b>Transaction ID:</b> 2011M02L21A00869 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-MEALS	<table border="1"> <tr> <td>60.21</td> </tr> </table>	60.21																			
60.21																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) NEAL E. WISE	<b>Transaction ID:</b> 2011M02L21A00870 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-MILEAGE	<table border="1"> <tr> <td>14.30</td> </tr> </table>	14.30																			
14.30																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) NEAL E. WISE	<b>Transaction ID:</b> 2011M02L21A00871 <b>Date of Disbursement</b>																				
Mailing Address 310 FIRST STREET SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL-MILEAGE	<table border="1"> <tr> <td>19.80</td> </tr> </table>	19.80																			
19.80																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**94.31**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) NEAL E. WISE			Transaction ID: 2011M02L21A00872 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 1 1	
	Mailing Address 310 FIRST STREET SE			Amount of Each Disbursement this Period 33.00	
	City WASHINGTON	State DC	Zip Code 20003		
	Purpose of Disbursement TRAVEL-TIPS		Category/ Type		
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
<b>B.</b>	Full Name (Last, First, Middle Initial) NEAL E. WISE			Transaction ID: 2011M02L21A00873 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 1 1	
	Mailing Address 310 FIRST STREET SE			Amount of Each Disbursement this Period 2.50	
	City WASHINGTON	State DC	Zip Code 20003		
	Purpose of Disbursement TRAVEL-TOLLS		Category/ Type		
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
<b>C.</b>	Full Name (Last, First, Middle Initial) NEAL E. WISE			Transaction ID: 2011M02L21A00874 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 1 1	
	Mailing Address 310 FIRST STREET SE			Amount of Each Disbursement this Period 6.00	
	City WASHINGTON	State DC	Zip Code 20003		
	Purpose of Disbursement TRAVEL-TOLLS		Category/ Type		
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					

SUBTOTAL of Disbursements This Page (optional) .....

41.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>THE WORD DOCTORS, LLC</b>	<b>Transaction ID:</b> 2011M02L21A00875 <b>Date of Disbursement</b>																				
Mailing Address <b>ATTN: WILLIAM S. DUVAL, CFO</b> <b>PO BOX 43</b>	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	4		2	0	1	1												
City <b>MANASSAS</b> State <b>VA</b> Zip Code <b>20108</b>	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement <b>SURVEY RESEARCH</b>	<table border="1"> <tr> <td colspan="10">45000.00</td> </tr> </table>	45000.00																			
45000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) <b>XEROX CORPORATION</b>	<b>Transaction ID:</b> 2011M02L21A00876 <b>Date of Disbursement</b>																				
Mailing Address <b>P O BOX 827598</b>	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City <b>PHILADELPHIA</b> State <b>PA</b> Zip Code <b>19182</b>	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement <b>COPIER SERVICES</b>	<table border="1"> <tr> <td colspan="10">9769.37</td> </tr> </table>	9769.37																			
9769.37																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) <b>AMERICAN EXPRESS-CR CARD FEES</b>	<b>Transaction ID:</b> 2011M02L21BCC00001 <b>Date of Disbursement</b>																				
Mailing Address <b>P O BOX 981532</b>	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City <b>EL PASSO</b> State <b>TX</b> Zip Code <b>79998</b>	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement <b>CR. CARD PROCESSING FEES</b>	<table border="1"> <tr> <td colspan="10">1754.91</td> </tr> </table>	1754.91																			
1754.91																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**56524.28**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1300 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) <b>AMERICAN EXPRESS-CR CARD FEES</b>		<b>Transaction ID:</b> 2011M02L21BCC00002 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 1 / 2 0 1 1</div> </div>
Mailing Address P O BOX 981532		Amount of Each Disbursement this Period <div>6585.80</div>
City EL PASSO State TX Zip Code 79998	<div>Category/Type</div>	
Purpose of Disbursement CR. CARD PROCESSING FEES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>BLACKBAUD INTERNET SOLUTIONS,</b>		<b>Transaction ID:</b> 2011M02L21BCC00003 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 1 1</div> </div>
Mailing Address INC. PO BOX 930256		Amount of Each Disbursement this Period <div>26.41</div>
City ATLANTA State GA Zip Code 31193	<div>Category/Type</div>	
Purpose of Disbursement CR. CARD PROCESSING FEES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>CAMPAIGN SOLUTIONS/THE</b>		<b>Transaction ID:</b> 2011M02L21BCC00004 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 1 1</div> </div>
Mailing Address DONATELLI GROUP 117 N. SAINT ASAPH STREET		Amount of Each Disbursement this Period <div>2674.70</div>
City ALEXANDRIA State VA Zip Code 22314	<div>Category/Type</div>	
Purpose of Disbursement CR. CARD PROCESSING FEES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>SUBTOTAL of Disbursements This Page (optional)</b> ..... ►		<div>9286.91</div>
<b>TOTAL This Period (last page this line number only)</b> ..... ►		<div></div>



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1301 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)          EVALVON</p> <p>Mailing Address ONE CONCOURSE PKY          SUITE 300</p> <p>City ATLANTA State GA Zip Code 30328</p> <p>Purpose of Disbursement          CR. CARD PROCESSING FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21BCC00005</p> <p>Date of Disbursement          M M / D D / Y Y Y Y          0 1 / 0 1 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period          1995.96</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)          EVALVON</p> <p>Mailing Address ONE CONCOURSE PKY          SUITE 300</p> <p>City ATLANTA State GA Zip Code 30328</p> <p>Purpose of Disbursement          CR. CARD PROCESSING FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21BCC00006</p> <p>Date of Disbursement          M M / D D / Y Y Y Y          0 1 / 0 1 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period          7884.94</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)          EVALVON</p> <p>Mailing Address ONE CONCOURSE PKY          SUITE 300</p> <p>City ATLANTA State GA Zip Code 30328</p> <p>Purpose of Disbursement          CR. CARD PROCESSING FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2011M02L21BCC00007</p> <p>Date of Disbursement          M M / D D / Y Y Y Y          0 1 / 0 1 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period          2876.07</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

12756.97

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1302 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) NEIL S ALPERT	<b>Transaction ID:</b> 2011M02L21BPA00001 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">4044.11</td> </tr> </table>	4044.11																			
4044.11																					
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<b>B.</b> Full Name (Last, First, Middle Initial) NEIL S ALPERT	<b>Transaction ID:</b> 2011M02L21BPA00002 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">4209.68</td> </tr> </table>	4209.68																			
4209.68																					
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<b>C.</b> Full Name (Last, First, Middle Initial) ERIC R ANDERSON	<b>Transaction ID:</b> 2011M02L21BPA00003 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">3617.84</td> </tr> </table>	3617.84																			
3617.84																					
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**SUBTOTAL** of Disbursements This Page (optional) .....

**11871.63**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1303 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) ERIC R ANDERSON	<b>Transaction ID:</b> 2011M02L21BPA00004 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3593.86</td> </tr> </table>	3593.86																			
3593.86																					
Candidate Name	Category/ Type																				
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<b>B.</b> Full Name (Last, First, Middle Initial) ELIZABETH MCCAULEY ANKNEY	<b>Transaction ID:</b> 2011M02L21BPA00005 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1400.56</td> </tr> </table>	1400.56																			
1400.56																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ELIZABETH MCCAULEY ANKNEY	<b>Transaction ID:</b> 2011M02L21BPA00006 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">646.56</td> </tr> </table>	646.56																			
646.56																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**5640.98**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1304 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CLAUDIA B ANTON	<b>Transaction ID:</b> 2011M02L21BPA00007 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">4026.09</td> </tr> </table>	4026.09																			
4026.09																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CLAUDIA B ANTON	<b>Transaction ID:</b> 2011M02L21BPA00008 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1624.89</td> </tr> </table>	1624.89																			
1624.89																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) SARA W ARMSTRONG	<b>Transaction ID:</b> 2011M02L21BPA00009 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2861.92</td> </tr> </table>	2861.92																			
2861.92																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**8512.90**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1305 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SARA W ARMSTRONG	<b>Transaction ID:</b> 2011M02L21BPA00010 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2850.46</td> </tr> </table>	2850.46																			
2850.46																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) IAN S BARTELS	<b>Transaction ID:</b> 2011M02L21BPA00011 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2239.83</td> </tr> </table>	2239.83																			
2239.83																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) HARRISON PAGE BLACKFORD	<b>Transaction ID:</b> 2011M02L21BPA00012 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1077.18</td> </tr> </table>	1077.18																			
1077.18																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6167.47

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1306 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) HARRISON PAGE BLACKFORD	<b>Transaction ID:</b> 2011M02L21BPA00013 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">750.65</td> </tr> </table>	750.65																			
750.65																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) PARISH M BRADEN	<b>Transaction ID:</b> 2011M02L21BPA00014 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">4062.76</td> </tr> </table>	4062.76																			
4062.76																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JAMES T BROWN	<b>Transaction ID:</b> 2011M02L21BPA00015 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">2109.29</td> </tr> </table>	2109.29																			
2109.29																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6922.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1307 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JAMES T BROWN	<b>Transaction ID:</b> 2011M02L21BPA00016 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2109.28</td> </tr> </table>	2109.28																			
2109.28																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) JOHN G BROWN JR	<b>Transaction ID:</b> 2011M02L21BPA00017 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1449.83</td> </tr> </table>	1449.83																			
1449.83																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JOHN G BROWN JR	<b>Transaction ID:</b> 2011M02L21BPA00018 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1440.61</td> </tr> </table>	1440.61																			
1440.61																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

4999.72

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1308 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) LAUREN ELIZABETH BRYAN	<b>Transaction ID:</b> 2011M02L21BPA00019 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1147.33</td> </tr> </table>	1147.33																			
1147.33																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) LAUREN ELIZABETH BRYAN	<b>Transaction ID:</b> 2011M02L21BPA00020 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1147.35</td> </tr> </table>	1147.35																			
1147.35																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) CHRISTOPHER A CARROLL	<b>Transaction ID:</b> 2011M02L21BPA00021 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">2833.81</td> </tr> </table>	2833.81																			
2833.81																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5128.49

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CHRISTOPHER A CARROLL	<b>Transaction ID:</b> 2011M02L21BPA00022 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1279.96</td> </tr> </table>	1279.96																			
1279.96																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) BRITTANY S CARTER	<b>Transaction ID:</b> 2011M02L21BPA00023 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1023.75</td> </tr> </table>	1023.75																			
1023.75																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) BRITTANY S CARTER	<b>Transaction ID:</b> 2011M02L21BPA00024 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1023.75</td> </tr> </table>	1023.75																			
1023.75																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3327.46**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1310 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) WITOLD CHRABASZCZ	<b>Transaction ID:</b> 2011M02L21BPA00025 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1906.51</td> </tr> </table>	1906.51																			
1906.51																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) WITOLD CHRABASZCZ	<b>Transaction ID:</b> 2011M02L21BPA00026 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1898.91</td> </tr> </table>	1898.91																			
1898.91																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) STEFAN M CLAYPOOL	<b>Transaction ID:</b> 2011M02L21BPA00027 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1161.65</td> </tr> </table>	1161.65																			
1161.65																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

4967.07

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

PAGE 1311 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) STEFAN M CLAYPOOL	<b>Transaction ID:</b> 2011M02L21BPA00028 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">562.16</td> </tr> </table>	562.16																			
562.16																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) PHILIP P COPPAGE	<b>Transaction ID:</b> 2011M02L21BPA00029 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2505.05</td> </tr> </table>	2505.05																			
2505.05																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) PHILIP P COPPAGE	<b>Transaction ID:</b> 2011M02L21BPA00030 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2486.69</td> </tr> </table>	2486.69																			
2486.69																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5553.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1312 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) HANS COUTARD	<b>Transaction ID:</b> 2011M02L21BPA00031 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1298.04</td> </tr> </table>	1298.04																			
1298.04																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) HANS COUTARD	<b>Transaction ID:</b> 2011M02L21BPA00032 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1304.34</td> </tr> </table>	1304.34																			
1304.34																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MOLLY BRYNN CULLEN	<b>Transaction ID:</b> 2011M02L21BPA00033 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1590.67</td> </tr> </table>	1590.67																			
1590.67																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**4193.05**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1313 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MOLLY BRYNN CULLEN	<b>Transaction ID:</b> 2011M02L21BPA00034 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1759.92</td> </tr> </table>	1759.92																			
1759.92																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ALEXIS C V DARNELL	<b>Transaction ID:</b> 2011M02L21BPA00035 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3900.72</td> </tr> </table>	3900.72																			
3900.72																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ALEXIS C V DARNELL	<b>Transaction ID:</b> 2011M02L21BPA00036 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3892.04</td> </tr> </table>	3892.04																			
3892.04																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

9552.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1314 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SHARON DAY	<b>Transaction ID:</b> 2011M02L21BPA00037 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">5048.92</td> </tr> </table>	5048.92																			
5048.92																					
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<b>B.</b> Full Name (Last, First, Middle Initial) JESSICA KALI DEAN	<b>Transaction ID:</b> 2011M02L21BPA00038 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1205.43</td> </tr> </table>	1205.43																			
1205.43																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JESSICA KALI DEAN	<b>Transaction ID:</b> 2011M02L21BPA00039 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1197.51</td> </tr> </table>	1197.51																			
1197.51																					
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**SUBTOTAL** of Disbursements This Page (optional) .....

**7451.86**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1315 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) NANCY HOPE DEHLINGER	<b>Transaction ID:</b> 2011M02L21BPA00040 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1684.26</td> </tr> </table>	1684.26																			
1684.26																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) NANCY HOPE DEHLINGER	<b>Transaction ID:</b> 2011M02L21BPA00041 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1685.77</td> </tr> </table>	1685.77																			
1685.77																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) PARIS DENNARD	<b>Transaction ID:</b> 2011M02L21BPA00042 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1952.47</td> </tr> </table>	1952.47																			
1952.47																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5322.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1316 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) PARIS DENNARD	<b>Transaction ID:</b> 2011M02L21BPA00043 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">3413.85</td> </tr> </table>	3413.85																			
3413.85																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) TONY C DENNIS	<b>Transaction ID:</b> 2011M02L21BPA00044 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1024.73</td> </tr> </table>	1024.73																			
1024.73																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) TONY C DENNIS	<b>Transaction ID:</b> 2011M02L21BPA00045 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1024.74</td> </tr> </table>	1024.74																			
1024.74																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**5463.32**

**TOTAL** This Period (last page this line number only) .....



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

REPUBLICAN NATIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1318 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JESSICA D. ENNIS	<b>Transaction ID:</b> 2011M02L21BPA00049 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3240.56</td> </tr> </table>	3240.56																			
3240.56																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MICHAEL A EVANS	<b>Transaction ID:</b> 2011M02L21BPA00050 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1431.85</td> </tr> </table>	1431.85																			
1431.85																					
Candidate Name	Category/ Type																				
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<b>C.</b> Full Name (Last, First, Middle Initial) MICHAEL A EVANS	<b>Transaction ID:</b> 2011M02L21BPA00051 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1423.89</td> </tr> </table>	1423.89																			
1423.89																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional) .....

6096.30

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1319 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) DIRK E EYMAN	<b>Transaction ID:</b> 2011M02L21BPA00052 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3380.56</td> </tr> </table>	3380.56																			
3380.56																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) DIRK E EYMAN	<b>Transaction ID:</b> 2011M02L21BPA00053 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3393.50</td> </tr> </table>	3393.50																			
3393.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) BENJAMIN I FRIEDMAN	<b>Transaction ID:</b> 2011M02L21BPA00054 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1266.06</td> </tr> </table>	1266.06																			
1266.06																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

8040.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1320 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) BENJAMIN I FRIEDMAN	<b>Transaction ID:</b> 2011M02L21BPA00055 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1256.14</td> </tr> </table>	1256.14																			
1256.14																					
Candidate Name	Category/ Type																				
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<b>B.</b> Full Name (Last, First, Middle Initial) RHONDA G GALVIN	<b>Transaction ID:</b> 2011M02L21BPA00056 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2204.89</td> </tr> </table>	2204.89																			
2204.89																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) RHONDA G GALVIN	<b>Transaction ID:</b> 2011M02L21BPA00057 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1819.83</td> </tr> </table>	1819.83																			
1819.83																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5280.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1321 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MICHAEL T GILDING	<b>Transaction ID:</b> 2011M02L21BPA00058 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1729.02</td> </tr> </table>	1729.02																			
1729.02																					
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<b>B.</b> Full Name (Last, First, Middle Initial) MICHAEL T GILDING	<b>Transaction ID:</b> 2011M02L21BPA00059 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1719.82</td> </tr> </table>	1719.82																			
1719.82																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) PHYLLIS M GREENE	<b>Transaction ID:</b> 2011M02L21BPA00060 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1160.62</td> </tr> </table>	1160.62																			
1160.62																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">4609.46</td> </tr> </table>	4609.46																			
4609.46																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1322 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) PHYLLIS M GREENE	<b>Transaction ID:</b> 2011M02L21BPA00061 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1151.69</td> </tr> </table>	1151.69																			
1151.69																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) KATHRYN M GROSSO	<b>Transaction ID:</b> 2011M02L21BPA00062 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1897.11</td> </tr> </table>	1897.11																			
1897.11																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) KATHRYN M GROSSO	<b>Transaction ID:</b> 2011M02L21BPA00063 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
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0	1		3	1		2	0	1	1												
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Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1889.15</td> </tr> </table>	1889.15																			
1889.15																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**4937.95**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1323 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MARY L HEITMAN	<b>Transaction ID:</b> 2011M02L21BPA00064 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
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0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">6747.44</td> </tr> </table>	6747.44																			
6747.44																					
Candidate Name	Category/ Type																				
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<b>B.</b> Full Name (Last, First, Middle Initial) MARY L HEITMAN	<b>Transaction ID:</b> 2011M02L21BPA00065 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">6747.43</td> </tr> </table>	6747.43																			
6747.43																					
Candidate Name	Category/ Type																				
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<b>C.</b> Full Name (Last, First, Middle Initial) KIRK HENDERSON	<b>Transaction ID:</b> 2011M02L21BPA00066 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2455.11</td> </tr> </table>	2455.11																			
2455.11																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**15949.98**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1324 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) ANNETTE R HENRY	<b>Transaction ID:</b> 2011M02L21BPA00067 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2672.25</td> </tr> </table>	2672.25																			
2672.25																					
Candidate Name	Category/ Type																				
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<b>B.</b> Full Name (Last, First, Middle Initial) ANNETTE R HENRY	<b>Transaction ID:</b> 2011M02L21BPA00068 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2659.27</td> </tr> </table>	2659.27																			
2659.27																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) DOUGLAS R HEYE	<b>Transaction ID:</b> 2011M02L21BPA00069 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3964.96</td> </tr> </table>	3964.96																			
3964.96																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**9296.48**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1325 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) DOUGLAS R HEYE	<b>Transaction ID:</b> 2011M02L21BPA00070 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1959.86</td> </tr> </table>	1959.86																			
1959.86																					
Candidate Name	Category/ Type																				
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<b>B.</b> Full Name (Last, First, Middle Initial) NANCY DUDIAK HIBBS	<b>Transaction ID:</b> 2011M02L21BPA00071 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
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0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2945.29</td> </tr> </table>	2945.29																			
2945.29																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) NANCY DUDIAK HIBBS	<b>Transaction ID:</b> 2011M02L21BPA00072 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
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City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2931.54</td> </tr> </table>	2931.54																			
2931.54																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**7836.69**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1326 / 1391

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) KELLY ELIZABETH HOLDWAY	<b>Transaction ID:</b> 2011M02L21BPA00073 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
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0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2603.45</td> </tr> </table>	2603.45																			
2603.45																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) PATRICIA E HUYCK	<b>Transaction ID:</b> 2011M02L21BPA00074 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
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0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">8632.41</td> </tr> </table>	8632.41																			
8632.41																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) KEVIN R IGOE	<b>Transaction ID:</b> 2011M02L21BPA00075 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
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0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3549.03</td> </tr> </table>	3549.03																			
3549.03																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**14784.89**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1327 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) KEVIN R IGOE	<b>Transaction ID:</b> 2011M02L21BPA00076 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3549.02</td> </tr> </table>	3549.02																			
3549.02																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) AMANDA JOAN IOVINO	<b>Transaction ID:</b> 2011M02L21BPA00077 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1463.79</td> </tr> </table>	1463.79																			
1463.79																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) AMANDA JOAN IOVINO	<b>Transaction ID:</b> 2011M02L21BPA00078 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1456.18</td> </tr> </table>	1456.18																			
1456.18																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**6468.99**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1328 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) TERESSA JACKSON	<b>Transaction ID:</b> 2011M02L21BPA00079 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1773.78</td> </tr> </table>	1773.78																			
1773.78																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) TERESSA JACKSON	<b>Transaction ID:</b> 2011M02L21BPA00080 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1766.12</td> </tr> </table>	1766.12																			
1766.12																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ROBERT E JAMES III	<b>Transaction ID:</b> 2011M02L21BPA00081 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1624.58</td> </tr> </table>	1624.58																			
1624.58																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**5164.48**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1329 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) ROBERT E JAMES III	<b>Transaction ID:</b> 2011M02L21BPA00082 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2042.85</td> </tr> </table>	2042.85																			
2042.85																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) JAMES H. JOHNSON	<b>Transaction ID:</b> 2011M02L21BPA00083 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">4092.81</td> </tr> </table>	4092.81																			
4092.81																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MONICA LOUISE JOHNSON	<b>Transaction ID:</b> 2011M02L21BPA00084 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">391.54</td> </tr> </table>	391.54																			
391.54																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6527.20

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1330 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)  
CRYSTAL RENEE JOHNSON

Mailing Address 310 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21BPA00085

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	4	/	2	0	1	1

Amount of Each Disbursement this Period

2124.44

**B.**Full Name (Last, First, Middle Initial)  
JEFFREY GORDON JOHNSON

Mailing Address 310 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21BPA00086

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
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Amount of Each Disbursement this Period

1904.29

**C.**Full Name (Last, First, Middle Initial)  
JAMES H. JOHNSON

Mailing Address 310 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2011M02L21BPA00087

Date of Disbursement

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Amount of Each Disbursement this Period

830.59

SUBTOTAL of Disbursements This Page (optional) .....

4859.32

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1331 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MONICA LOUISE JOHNSON	<b>Transaction ID:</b> 2011M02L21BPA00088 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">749.55</td> </tr> </table>	749.55																			
749.55																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CRYSTAL RENEE JOHNSON	<b>Transaction ID:</b> 2011M02L21BPA00089 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">2114.91</td> </tr> </table>	2114.91																			
2114.91																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JEFFREY GORDON JOHNSON	<b>Transaction ID:</b> 2011M02L21BPA00090 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1889.44</td> </tr> </table>	1889.44																			
1889.44																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

4753.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1332 / 1391

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JESSE E KAMZOL	<b>Transaction ID:</b> 2011M02L21BPA00091 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>9</td><td>2</td><td>3</td><td>.</td><td>3</td><td>0</td> </tr> </table>	1	9	2	3	.	3	0													
1	9	2	3	.	3	0															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) JESSE E KAMZOL	<b>Transaction ID:</b> 2011M02L21BPA00092 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>9</td><td>0</td><td>8</td><td>.</td><td>3</td><td>9</td> </tr> </table>	1	9	0	8	.	3	9													
1	9	0	8	.	3	9															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) JEREMY L KENNEY	<b>Transaction ID:</b> 2011M02L21BPA00093 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2</td><td>8</td><td>7</td><td>8</td><td>.</td><td>7</td><td>6</td> </tr> </table>	2	8	7	8	.	7	6													
2	8	7	8	.	7	6															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**6710.45**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1333 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JEREMY L KENNEY	<b>Transaction ID:</b> 2011M02L21BPA00094 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2857.88</td> </tr> </table>	2857.88																			
2857.88																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) LAUREN E KIRSHNER	<b>Transaction ID:</b> 2011M02L21BPA00095 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1666.52</td> </tr> </table>	1666.52																			
1666.52																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) LAUREN E KIRSHNER	<b>Transaction ID:</b> 2011M02L21BPA00096 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1657.83</td> </tr> </table>	1657.83																			
1657.83																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**6182.23**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1334 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) BYRON L KOAY	<b>Transaction ID:</b> 2011M02L21BPA00097 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2</td><td>1</td><td>3</td><td>5</td><td>.</td><td>2</td><td>6</td> </tr> </table>	2	1	3	5	.	2	6													
2	1	3	5	.	2	6															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) BYRON L KOAY	<b>Transaction ID:</b> 2011M02L21BPA00098 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2</td><td>1</td><td>2</td><td>7</td><td>.</td><td>3</td><td>1</td> </tr> </table>	2	1	2	7	.	3	1													
2	1	2	7	.	3	1															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) BENJAMIN KOCHMAN	<b>Transaction ID:</b> 2011M02L21BPA00099 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>1</td><td>4</td><td>2</td><td>.</td><td>7</td><td>3</td> </tr> </table>	1	1	4	2	.	7	3													
1	1	4	2	.	7	3															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**5405.30**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1335 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) BENJAMIN KOCHMAN	<b>Transaction ID:</b> 2011M02L21BPA00100 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1133.57</td> </tr> </table>	1133.57																			
1133.57																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) KIRSTEN A KUKOWSKI	<b>Transaction ID:</b> 2011M02L21BPA00101 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1689.56</td> </tr> </table>	1689.56																			
1689.56																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JEFFREY NORMAND LACOURSE	<b>Transaction ID:</b> 2011M02L21BPA00102 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3337.05</td> </tr> </table>	3337.05																			
3337.05																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**6160.18**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1336 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JEFFREY NORMAND LACOURSE	<b>Transaction ID:</b> 2011M02L21BPA00103 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name	Amount of Each Disbursement this Period <div>5879.90</div>																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) JANET M LARIMER	<b>Transaction ID:</b> 2011M02L21BPA00104 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name	Amount of Each Disbursement this Period <div>4589.66</div>																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) JANET M LARIMER	<b>Transaction ID:</b> 2011M02L21BPA00105 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name	Amount of Each Disbursement this Period <div>10452.97</div>																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**20922.53**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1337 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MARTINE LAVEIST	<b>Transaction ID:</b> 2011M02L21BPA00106 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1271.47</td> </tr> </table>	1271.47																			
1271.47																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MARTINE LAVEIST	<b>Transaction ID:</b> 2011M02L21BPA00107 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1258.20</td> </tr> </table>	1258.20																			
1258.20																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MICHAEL J LEAVITT	<b>Transaction ID:</b> 2011M02L21BPA00108 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">5941.47</td> </tr> </table>	5941.47																			
5941.47																					
Candidate Name	Category/ Type																				
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**SUBTOTAL** of Disbursements This Page (optional) .....

8471.14

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1338 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MICHAEL J LEAVITT	<b>Transaction ID:</b> 2011M02L21BPA00109 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">5884.56</td> </tr> </table>	5884.56																			
5884.56																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) DIANA KAY LEO	<b>Transaction ID:</b> 2011M02L21BPA00110 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1690.85</td> </tr> </table>	1690.85																			
1690.85																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) DIANA KAY LEO	<b>Transaction ID:</b> 2011M02L21BPA00111 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1682.18</td> </tr> </table>	1682.18																			
1682.18																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**9257.59**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1339 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) TERRELL JAMES LEWIS	<b>Transaction ID:</b> 2011M02L21BPA00112 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">948.57</td> </tr> </table>	948.57																			
948.57																					
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<b>B.</b> Full Name (Last, First, Middle Initial) TERRELL JAMES LEWIS	<b>Transaction ID:</b> 2011M02L21BPA00113 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">945.77</td> </tr> </table>	945.77																			
945.77																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) STEVEN DANIEL LEYDORF	<b>Transaction ID:</b> 2011M02L21BPA00114 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1181.37</td> </tr> </table>	1181.37																			
1181.37																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3075.71**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) STEVEN DANIEL LEYDORF	<b>Transaction ID:</b> 2011M02L21BPA00115 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1181.38</td> </tr> </table>	1181.38																			
1181.38																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) EDWARD K LIPPMAN	<b>Transaction ID:</b> 2011M02L21BPA00116 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">906.76</td> </tr> </table>	906.76																			
906.76																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) EDWARD K LIPPMAN	<b>Transaction ID:</b> 2011M02L21BPA00117 <b>Date of Disbursement</b>																				
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M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">897.55</td> </tr> </table>	897.55																			
897.55																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2985.69

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) BRETT M LOYD	<b>Transaction ID:</b> 2011M02L21BPA00118 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>7</td><td>6</td><td>6</td><td>.</td><td>0</td><td>8</td> </tr> </table>	1	7	6	6	.	0	8													
1	7	6	6	.	0	8															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) BRETT M LOYD	<b>Transaction ID:</b> 2011M02L21BPA00119 <b>Date of Disbursement</b>																				
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M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>7</td><td>5</td><td>2</td><td>.</td><td>4</td><td>6</td> </tr> </table>	1	7	5	2	.	4	6													
1	7	5	2	.	4	6															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) VICTORIA J. MAGUIRE	<b>Transaction ID:</b> 2011M02L21BPA00120 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>9</td><td>1</td><td>1</td><td>.</td><td>8</td><td>8</td> </tr> </table>	1	9	1	1	.	8	8													
1	9	1	1	.	8	8															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**5430.42**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1342 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VICTORIA J. MAGUIRE	<b>Transaction ID:</b> 2011M02L21BPA00121 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
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0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1904.26</td> </tr> </table>	1904.26																			
1904.26																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) JAYSON A MANSHIP	<b>Transaction ID:</b> 2011M02L21BPA00122 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1862.96</td> </tr> </table>	1862.96																			
1862.96																					
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<b>C.</b> Full Name (Last, First, Middle Initial) JAYSON A MANSHIP	<b>Transaction ID:</b> 2011M02L21BPA00123 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1854.30</td> </tr> </table>	1854.30																			
1854.30																					
Candidate Name	Category/ Type																				
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**SUBTOTAL** of Disbursements This Page (optional) .....

**5621.52**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1343 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MARIA C MASTORAKOS	<b>Transaction ID:</b> 2011M02L21BPA00124 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2625.33</td> </tr> </table>	2625.33																			
2625.33																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MARIA C MASTORAKOS	<b>Transaction ID:</b> 2011M02L21BPA00125 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2625.31</td> </tr> </table>	2625.31																			
2625.31																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JASON M MC BRIDE	<b>Transaction ID:</b> 2011M02L21BPA00126 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3635.40</td> </tr> </table>	3635.40																			
3635.40																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**8886.04**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1344 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JASON M MC BRIDE	<b>Transaction ID:</b> 2011M02L21BPA00127 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">3627.81</td> </tr> </table>	3627.81																			
3627.81																					
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<b>B.</b> Full Name (Last, First, Middle Initial) CHRISTOPHER A MC NULTY	<b>Transaction ID:</b> 2011M02L21BPA00128 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1787.21</td> </tr> </table>	1787.21																			
1787.21																					
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<b>C.</b> Full Name (Last, First, Middle Initial) CHRISTOPHER A MC NULTY	<b>Transaction ID:</b> 2011M02L21BPA00129 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">7308.93</td> </tr> </table>	7308.93																			
7308.93																					
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**SUBTOTAL** of Disbursements This Page (optional) .....

12723.95

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1345 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CHELSEA MEARS	<b>Transaction ID:</b> 2011M02L21BPA00130 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
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0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1218.50</td> </tr> </table>	1218.50																			
1218.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CHELSEA MEARS	<b>Transaction ID:</b> 2011M02L21BPA00131 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
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0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1298.33</td> </tr> </table>	1298.33																			
1298.33																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MAURICE M MIDDLETON	<b>Transaction ID:</b> 2011M02L21BPA00132 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">625.23</td> </tr> </table>	625.23																			
625.23																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3142.06**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1346 / 1391

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MAURICE M MIDDLETON	<b>Transaction ID:</b> 2011M02L21BPA00133 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
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Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">576.45</td> </tr> </table>	576.45																			
576.45																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) DWIGHT FOSTER MORSS IV	<b>Transaction ID:</b> 2011M02L21BPA00134 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2135.26</td> </tr> </table>	2135.26																			
2135.26																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) DWIGHT FOSTER MORSS IV	<b>Transaction ID:</b> 2011M02L21BPA00135 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2127.31</td> </tr> </table>	2127.31																			
2127.31																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**4839.02**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1347 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JOAN NEGRONI	<b>Transaction ID:</b> 2011M02L21BPA00136 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">622.10</td> </tr> </table>	622.10																			
622.10																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) JOAN NEGRONI	<b>Transaction ID:</b> 2011M02L21BPA00137 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">776.76</td> </tr> </table>	776.76																			
776.76																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) WHITNEY MEREDITH NICHOLS	<b>Transaction ID:</b> 2011M02L21BPA00138 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
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City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1422.81</td> </tr> </table>	1422.81																			
1422.81																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2821.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1348 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) WHITNEY MEREDITH NICHOLS	<b>Transaction ID:</b> 2011M02L21BPA00139 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
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0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1409.43</td> </tr> </table>	1409.43																			
1409.43																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MICHAEL H. NOLLER	<b>Transaction ID:</b> 2011M02L21BPA00140 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1564.49</td> </tr> </table>	1564.49																			
1564.49																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MICHAEL H. NOLLER	<b>Transaction ID:</b> 2011M02L21BPA00141 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1564.49</td> </tr> </table>	1564.49																			
1564.49																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

4538.41

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1349 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) DALTON L OLDHAM	<b>Transaction ID:</b> 2011M02L21BPA00142 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
<table border="1"> <tr> <td>City Washington</td> <td>State DC</td> <td>Zip Code 20003</td> </tr> <tr> <td colspan="2">Purpose of Disbursement PAYROLL</td> <td rowspan="2">Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Washington	State DC	Zip Code 20003	Purpose of Disbursement PAYROLL		Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>4679.16</td> </tr> </table>	4679.16											
City Washington	State DC	Zip Code 20003																			
Purpose of Disbursement PAYROLL		Category/ Type																			
Candidate Name																					
4679.16																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:																
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) DALTON L OLDHAM	<b>Transaction ID:</b> 2011M02L21BPA00143 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
<table border="1"> <tr> <td>City Washington</td> <td>State DC</td> <td>Zip Code 20003</td> </tr> <tr> <td colspan="2">Purpose of Disbursement PAYROLL</td> <td rowspan="2">Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Washington	State DC	Zip Code 20003	Purpose of Disbursement PAYROLL		Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>4671.58</td> </tr> </table>	4671.58											
City Washington	State DC	Zip Code 20003																			
Purpose of Disbursement PAYROLL		Category/ Type																			
Candidate Name																					
4671.58																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:																
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) LIAM C O'ROURKE	<b>Transaction ID:</b> 2011M02L21BPA00144 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
<table border="1"> <tr> <td>City Washington</td> <td>State DC</td> <td>Zip Code 20003</td> </tr> <tr> <td colspan="2">Purpose of Disbursement PAYROLL</td> <td rowspan="2">Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Washington	State DC	Zip Code 20003	Purpose of Disbursement PAYROLL		Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>1446.40</td> </tr> </table>	1446.40											
City Washington	State DC	Zip Code 20003																			
Purpose of Disbursement PAYROLL		Category/ Type																			
Candidate Name																					
1446.40																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:																
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

10797.14

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1350 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) LIAM C O'ROURKE	<b>Transaction ID:</b> 2011M02L21BPA00145 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1433.51</td> </tr> </table>	1433.51																			
1433.51																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CHRISTY LYNN PAAVOLA	<b>Transaction ID:</b> 2011M02L21BPA00146 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1602.40</td> </tr> </table>	1602.40																			
1602.40																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) CHRISTY LYNN PAAVOLA	<b>Transaction ID:</b> 2011M02L21BPA00147 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
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City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1602.41</td> </tr> </table>	1602.41																			
1602.41																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**4638.32**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1351 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) AMY GRANGEIA PARIDY	<b>Transaction ID:</b> 2011M02L21BPA00148 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2049.03</td> </tr> </table>	2049.03																			
2049.03																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) AMY GRANGEIA PARIDY	<b>Transaction ID:</b> 2011M02L21BPA00149 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2041.70</td> </tr> </table>	2041.70																			
2041.70																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) FRANCES M. PARKER	<b>Transaction ID:</b> 2011M02L21BPA00150 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1437.38</td> </tr> </table>	1437.38																			
1437.38																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**5528.11**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1352 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) FRANCES M. PARKER	<b>Transaction ID:</b> 2011M02L21BPA00151 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1423.75</td> </tr> </table>	1423.75																			
1423.75																					
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<b>B.</b> Full Name (Last, First, Middle Initial) ELIZABETH W PEARCE	<b>Transaction ID:</b> 2011M02L21BPA00152 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">3706.13</td> </tr> </table>	3706.13																			
3706.13																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ELIZABETH W PEARCE	<b>Transaction ID:</b> 2011M02L21BPA00153 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">3670.57</td> </tr> </table>	3670.57																			
3670.57																					
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**SUBTOTAL** of Disbursements This Page (optional) .....

**8800.45**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1353 / 1391

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) DANIEL C PERKINS	<b>Transaction ID:</b> 2011M02L21BPA00154 <b>Date of Disbursement</b>
Mailing Address 310 First Street SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 4 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PAYROLL	<div>3328.54</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) DANIEL C PERKINS	<b>Transaction ID:</b> 2011M02L21BPA00155 <b>Date of Disbursement</b>
Mailing Address 310 First Street SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PAYROLL	<div>3341.31</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) TREVOR K PERSON	<b>Transaction ID:</b> 2011M02L21BPA00156 <b>Date of Disbursement</b>
Mailing Address 310 First Street SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 4 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PAYROLL	<div>4171.27</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>10841.12</div>
<b>TOTAL</b> This Period (last page this line number only) .....	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1354 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) TREVOR K PERSON	<b>Transaction ID:</b> 2011M02L21BPA00157 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">4149.86</td> </tr> </table>	4149.86																			
4149.86																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) JEFFREY A PHILAPY	<b>Transaction ID:</b> 2011M02L21BPA00158 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1470.71</td> </tr> </table>	1470.71																			
1470.71																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JEFFREY A PHILAPY	<b>Transaction ID:</b> 2011M02L21BPA00159 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1460.79</td> </tr> </table>	1460.79																			
1460.79																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**7081.36**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JOHN R PHILLIPPE JR	<b>Transaction ID:</b> 2011M02L21BPA00160 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3307.62</td> </tr> </table>	3307.62																			
3307.62																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) JOHN R PHILLIPPE JR	<b>Transaction ID:</b> 2011M02L21BPA00161 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3279.19</td> </tr> </table>	3279.19																			
3279.19																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) KATHERYN M PHILLIPS	<b>Transaction ID:</b> 2011M02L21BPA00162 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1537.34</td> </tr> </table>	1537.34																			
1537.34																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**8124.15**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1356 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) KATHERYN M PHILLIPS	<b>Transaction ID:</b> 2011M02L21BPA00163 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1529.73</td> </tr> </table>	1529.73																			
1529.73																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ENRICO PICCININI	<b>Transaction ID:</b> 2011M02L21BPA00164 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1428.25</td> </tr> </table>	1428.25																			
1428.25																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ENRICO PICCININI	<b>Transaction ID:</b> 2011M02L21BPA00165 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1428.26</td> </tr> </table>	1428.26																			
1428.26																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**4386.24**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1357 / 1391

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MARGARET BRUNDAGE PORTER	<b>Transaction ID:</b> 2011M02L21BPA00166 <b>Date of Disbursement</b>
Mailing Address 310 First Street SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 4 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PAYROLL	<div>1714.96</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) GENE R PREZOCKI	<b>Transaction ID:</b> 2011M02L21BPA00167 <b>Date of Disbursement</b>
Mailing Address 310 First Street SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 4 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PAYROLL	<div>2118.70</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) GENE R PREZOCKI	<b>Transaction ID:</b> 2011M02L21BPA00168 <b>Date of Disbursement</b>
Mailing Address 310 First Street SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PAYROLL	<div>2101.51</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

5935.17

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1358 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) REINCE PRIEBUS	<b>Transaction ID:</b> 2011M02L21BPA00169 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">6444.99</td> </tr> </table>	6444.99																			
6444.99																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) DEEPAK RAMNATH	<b>Transaction ID:</b> 2011M02L21BPA00170 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1829.55</td> </tr> </table>	1829.55																			
1829.55																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) DEEPAK RAMNATH	<b>Transaction ID:</b> 2011M02L21BPA00171 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1829.55</td> </tr> </table>	1829.55																			
1829.55																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional) .....

10104.09

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1359 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) RACHEL C REA	<b>Transaction ID:</b> 2011M02L21BPA00172 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1414.75</td> </tr> </table>	1414.75																			
1414.75																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) RACHEL C REA	<b>Transaction ID:</b> 2011M02L21BPA00173 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1405.82</td> </tr> </table>	1405.82																			
1405.82																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) TASHA E. REID	<b>Transaction ID:</b> 2011M02L21BPA00174 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1299.12</td> </tr> </table>	1299.12																			
1299.12																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**4119.69**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1360 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) TASHA E. REID	<b>Transaction ID:</b> 2011M02L21BPA00175 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1286.92</td> </tr> </table>	1286.92																			
1286.92																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) THOMAS J ROBERTS	<b>Transaction ID:</b> 2011M02L21BPA00176 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2473.91</td> </tr> </table>	2473.91																			
2473.91																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) THOMAS J ROBERTS	<b>Transaction ID:</b> 2011M02L21BPA00177 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2473.89</td> </tr> </table>	2473.89																			
2473.89																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6234.72

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1361 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) ERIC MARK ROE	<b>Transaction ID:</b> 2011M02L21BPA00178 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">961.52</td> </tr> </table>	961.52																			
961.52																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ERIC MARK ROE	<b>Transaction ID:</b> 2011M02L21BPA00179 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1880.97</td> </tr> </table>	1880.97																			
1880.97																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MANUEL ANTHONY ROSALES	<b>Transaction ID:</b> 2011M02L21BPA00180 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2650.82</td> </tr> </table>	2650.82																			
2650.82																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**5493.31**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1362 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MANUEL ANTHONY ROSALES	<b>Transaction ID:</b> 2011M02L21BPA00181 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>4428.99</td> </tr> </table>	4428.99																			
4428.99																					
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) JAMES M ROWLEY	<b>Transaction ID:</b> 2011M02L21BPA00182 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>5226.63</td> </tr> </table>	5226.63																			
5226.63																					
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JAMES M ROWLEY	<b>Transaction ID:</b> 2011M02L21BPA00183 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>5211.52</td> </tr> </table>	5211.52																			
5211.52																					
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

14867.14

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1363 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) BOYD K RUTHERFORD	<b>Transaction ID:</b> 2011M02L21BPA00184 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">5178.78</td> </tr> </table>	5178.78																			
5178.78																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) BOYD K RUTHERFORD	<b>Transaction ID:</b> 2011M02L21BPA00185 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">5045.95</td> </tr> </table>	5045.95																			
5045.95																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) LESLIE C RUTLEDGE	<b>Transaction ID:</b> 2011M02L21BPA00186 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2625.69</td> </tr> </table>	2625.69																			
2625.69																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional) .....

12850.42

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1364 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) LESLIE C RUTLEDGE	<b>Transaction ID:</b> 2011M02L21BPA00187 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2618.12</td> </tr> </table>	2618.12																			
2618.12																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ANGELA R SAILOR	<b>Transaction ID:</b> 2011M02L21BPA00188 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">4607.45</td> </tr> </table>	4607.45																			
4607.45																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ANGELA R SAILOR	<b>Transaction ID:</b> 2011M02L21BPA00189 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1385.43</td> </tr> </table>	1385.43																			
1385.43																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**8611.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1365 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) GERI B SANDERS	<b>Transaction ID:</b> 2011M02L21BPA00190 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
<table border="1"> <tr> <td>City Washington</td> <td>State DC</td> <td>Zip Code 20003</td> </tr> <tr> <td colspan="2">Purpose of Disbursement PAYROLL</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Washington	State DC	Zip Code 20003	Purpose of Disbursement PAYROLL		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1701.17</td> </tr> </table>	1701.17											
City Washington	State DC	Zip Code 20003																			
Purpose of Disbursement PAYROLL		<input type="text"/> Category/ Type																			
Candidate Name																					
1701.17																					
<table border="1"> <tr> <td>Office Sought:</td> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td>Disbursement For:</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State:</td> <td>District:</td> <td colspan="2"></td> </tr> </table>	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:															
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																		
State:	District:																				
<b>B.</b> Full Name (Last, First, Middle Initial) GERI B SANDERS	<b>Transaction ID:</b> 2011M02L21BPA00191 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
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<table border="1"> <tr> <td>City Washington</td> <td>State DC</td> <td>Zip Code 20003</td> </tr> <tr> <td colspan="2">Purpose of Disbursement PAYROLL</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Washington	State DC	Zip Code 20003	Purpose of Disbursement PAYROLL		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1694.10</td> </tr> </table>	1694.10											
City Washington	State DC	Zip Code 20003																			
Purpose of Disbursement PAYROLL		<input type="text"/> Category/ Type																			
Candidate Name																					
1694.10																					
<table border="1"> <tr> <td>Office Sought:</td> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td>Disbursement For:</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State:</td> <td>District:</td> <td colspan="2"></td> </tr> </table>	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:															
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																		
State:	District:																				
<b>C.</b> Full Name (Last, First, Middle Initial) GORDON K SCHOEPFLE	<b>Transaction ID:</b> 2011M02L21BPA00192 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
<table border="1"> <tr> <td>City Washington</td> <td>State DC</td> <td>Zip Code 20003</td> </tr> <tr> <td colspan="2">Purpose of Disbursement PAYROLL</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Washington	State DC	Zip Code 20003	Purpose of Disbursement PAYROLL		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>3372.20</td> </tr> </table>	3372.20											
City Washington	State DC	Zip Code 20003																			
Purpose of Disbursement PAYROLL		<input type="text"/> Category/ Type																			
Candidate Name																					
3372.20																					
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Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																		
State:	District:																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6767.47

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1366 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) GORDON K SCHOEPLFLE	<b>Transaction ID:</b> 2011M02L21BPA00193 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3374.32</td> </tr> </table>	3374.32																			
3374.32																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) RITA CATHARINE SECOR	<b>Transaction ID:</b> 2011M02L21BPA00194 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3374.27</td> </tr> </table>	3374.27																			
3374.27																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) RITA CATHARINE SECOR	<b>Transaction ID:</b> 2011M02L21BPA00195 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3360.76</td> </tr> </table>	3360.76																			
3360.76																					
Candidate Name	Category/ Type																				
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**SUBTOTAL** of Disbursements This Page (optional) .....

**10109.35**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1367 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JENNIFER H SHEEHAN	<b>Transaction ID:</b> 2011M02L21BPA00196 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2827.28</td> </tr> </table>	2827.28																			
2827.28																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) JENNIFER H SHEEHAN	<b>Transaction ID:</b> 2011M02L21BPA00197 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2807.39</td> </tr> </table>	2807.39																			
2807.39																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MICHAEL C SHORT	<b>Transaction ID:</b> 2011M02L21BPA00198 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1104.12</td> </tr> </table>	1104.12																			
1104.12																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**6738.79**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1368 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) ANTOINE D SHORT	<b>Transaction ID:</b> 2011M02L21BPA00199 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1122.07</td> </tr> </table>	1122.07																			
1122.07																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MICHAEL C SHORT	<b>Transaction ID:</b> 2011M02L21BPA00200 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1094.92</td> </tr> </table>	1094.92																			
1094.92																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ANTOINE D SHORT	<b>Transaction ID:</b> 2011M02L21BPA00201 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1119.34</td> </tr> </table>	1119.34																			
1119.34																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional) .....

3336.33

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1369 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) HEATHER L SIDWELL-MORRIS	<b>Transaction ID:</b> 2011M02L21BPA00202 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3259.17</td> </tr> </table>	3259.17																			
3259.17																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) HEATHER L SIDWELL-MORRIS	<b>Transaction ID:</b> 2011M02L21BPA00203 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
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3237.15																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MATTHEW L SIMEON	<b>Transaction ID:</b> 2011M02L21BPA00204 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1486.60</td> </tr> </table>	1486.60																			
1486.60																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**7982.92**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1370 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MATTHEW L SIMEON	<b>Transaction ID:</b> 2011M02L21BPA00205 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2168.69</td> </tr> </table>	2168.69																			
2168.69																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) WILLIAM L SKELLY	<b>Transaction ID:</b> 2011M02L21BPA00206 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3449.77</td> </tr> </table>	3449.77																			
3449.77																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) WILLIAM L SKELLY	<b>Transaction ID:</b> 2011M02L21BPA00207 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3430.71</td> </tr> </table>	3430.71																			
3430.71																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

9049.17

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1371 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JOSEPH M SMITH	<b>Transaction ID:</b> 2011M02L21BPA00208 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1433.25</td> </tr> </table>	1433.25																			
1433.25																					
Candidate Name	Category/ Type																				
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<b>B.</b> Full Name (Last, First, Middle Initial) JOSEPH M SMITH	<b>Transaction ID:</b> 2011M02L21BPA00209 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2642.76</td> </tr> </table>	2642.76																			
2642.76																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) PERRY R SMITH JR	<b>Transaction ID:</b> 2011M02L21BPA00210 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">336.25</td> </tr> </table>	336.25																			
336.25																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**4412.26**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1372 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) PERRY R SMITH JR	<b>Transaction ID:</b> 2011M02L21BPA00211 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">325.17</td> </tr> </table>	325.17																			
325.17																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) MICHAEL S STEELE	<b>Transaction ID:</b> 2011M02L21BPA00212 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">5609.28</td> </tr> </table>	5609.28																			
5609.28																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) MICHAEL S STEELE	<b>Transaction ID:</b> 2011M02L21BPA00213 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">13124.01</td> </tr> </table>	13124.01																			
13124.01																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ►	<table border="1"> <tr> <td colspan="10">19058.46</td> </tr> </table>	19058.46																			
19058.46																					
<b>TOTAL</b> This Period (last page this line number only) ..... ►	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1373 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) WILLIAM L STEINER	<b>Transaction ID:</b> 2011M02L21BPA00214 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">4334.86</td> </tr> </table>	4334.86																			
4334.86																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) WILLIAM L STEINER	<b>Transaction ID:</b> 2011M02L21BPA00215 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">4327.29</td> </tr> </table>	4327.29																			
4327.29																					
Candidate Name	Category/ Type																				
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<b>C.</b> Full Name (Last, First, Middle Initial) ANDREW STEWART	<b>Transaction ID:</b> 2011M02L21BPA00216 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1483.47</td> </tr> </table>	1483.47																			
1483.47																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

10145.62

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1374 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) ANDREW STEWART	<b>Transaction ID:</b> 2011M02L21BPA00217 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1483.48</td> </tr> </table>	1483.48																			
1483.48																					
Candidate Name	Category/ Type																				
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<b>B.</b> Full Name (Last, First, Middle Initial) CHRISTINA MARIE STOTTMANN	<b>Transaction ID:</b> 2011M02L21BPA00218 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2284.01</td> </tr> </table>	2284.01																			
2284.01																					
Candidate Name	Category/ Type																				
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<b>C.</b> Full Name (Last, First, Middle Initial) CHRISTINA MARIE STOTTMANN	<b>Transaction ID:</b> 2011M02L21BPA00219 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2276.07</td> </tr> </table>	2276.07																			
2276.07																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6043.56

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1375 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MARY E THOMAS	<b>Transaction ID:</b> 2011M02L21BPA00220 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">227.59</td> </tr> </table>	227.59																			
227.59																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ROBERT D TODD	<b>Transaction ID:</b> 2011M02L21BPA00221 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1354.48</td> </tr> </table>	1354.48																			
1354.48																					
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<b>C.</b> Full Name (Last, First, Middle Initial) ROBERT D TODD	<b>Transaction ID:</b> 2011M02L21BPA00222 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
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0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1346.86</td> </tr> </table>	1346.86																			
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<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">2928.93</td> </tr> </table>	2928.93																			
2928.93																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1376 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JEFFREY V TRAINOR	<b>Transaction ID:</b> 2011M02L21BPA00223 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
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0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1435.35</td> </tr> </table>	1435.35																			
1435.35																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) JEFFREY V TRAINOR	<b>Transaction ID:</b> 2011M02L21BPA00224 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
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0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1426.69</td> </tr> </table>	1426.69																			
1426.69																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) FRANK E. TRECROCI	<b>Transaction ID:</b> 2011M02L21BPA00225 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1973.70</td> </tr> </table>	1973.70																			
1973.70																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**4835.74**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1377 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) RYAN PATRICK TRONOVITCH	<b>Transaction ID:</b> 2011M02L21BPA00226 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1870.31</td> </tr> </table>	1870.31																			
1870.31																					
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<b>B.</b> Full Name (Last, First, Middle Initial) RYAN PATRICK TRONOVITCH	<b>Transaction ID:</b> 2011M02L21BPA00227 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
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1023.80																					
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<b>C.</b> Full Name (Last, First, Middle Initial) MATTHEW G TUROW	<b>Transaction ID:</b> 2011M02L21BPA00228 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1483.49</td> </tr> </table>	1483.49																			
1483.49																					
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**SUBTOTAL** of Disbursements This Page (optional) .....

4377.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1378 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MATTHEW G TUROW	<b>Transaction ID:</b> 2011M02L21BPA00229 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1474.82</td> </tr> </table>	1474.82																			
1474.82																					
Candidate Name	Category/ Type																				
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<b>B.</b> Full Name (Last, First, Middle Initial) TODD S VAN ETEN	<b>Transaction ID:</b> 2011M02L21BPA00230 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1964.60</td> </tr> </table>	1964.60																			
1964.60																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) TODD S VAN ETEN	<b>Transaction ID:</b> 2011M02L21BPA00231 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
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Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1964.59</td> </tr> </table>	1964.59																			
1964.59																					
Candidate Name	Category/ Type																				
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**SUBTOTAL** of Disbursements This Page (optional) .....

5404.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1379 / 1391

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JON WACLAWSKI	<b>Transaction ID:</b> 2011M02L21BPA00232 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
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Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1251.70</td> </tr> </table>	1251.70																			
1251.70																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MICHAEL RYAN WAKEFIELD	<b>Transaction ID:</b> 2011M02L21BPA00233 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
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1224.22																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MICHAEL RYAN WAKEFIELD	<b>Transaction ID:</b> 2011M02L21BPA00234 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1130.76</td> </tr> </table>	1130.76																			
1130.76																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3606.68**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1380 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) BRADLEY J WALP	<b>Transaction ID:</b> 2011M02L21BPA00235 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2074.49</td> </tr> </table>	2074.49																			
2074.49																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) BRADLEY J WALP	<b>Transaction ID:</b> 2011M02L21BPA00236 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
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0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2066.19</td> </tr> </table>	2066.19																			
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Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) VICTORIA B WARD	<b>Transaction ID:</b> 2011M02L21BPA00237 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
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0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1313.66</td> </tr> </table>	1313.66																			
1313.66																					
Candidate Name	Category/ Type																				
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**SUBTOTAL** of Disbursements This Page (optional) .....

**5454.34**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1381 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VICTORIA B WARD	<b>Transaction ID:</b> 2011M02L21BPA00238 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
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0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1304.49</td> </tr> </table>	1304.49																			
1304.49																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) KATIE ANNA WEISS	<b>Transaction ID:</b> 2011M02L21BPA00239 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1470.39</td> </tr> </table>	1470.39																			
1470.39																					
Candidate Name	Category/ Type																				
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<b>C.</b> Full Name (Last, First, Middle Initial) KATIE ANNA WEISS	<b>Transaction ID:</b> 2011M02L21BPA00240 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
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1462.43																					
Candidate Name	Category/ Type																				
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**SUBTOTAL** of Disbursements This Page (optional) .....

**4237.31**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1382 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) DAVID WELCH	<b>Transaction ID:</b> 2011M02L21BPA00241 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3628.08</td> </tr> </table>	3628.08																			
3628.08																					
Candidate Name	Category/ Type																				
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<b>B.</b> Full Name (Last, First, Middle Initial) DAVID WELCH	<b>Transaction ID:</b> 2011M02L21BPA00242 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3620.14</td> </tr> </table>	3620.14																			
3620.14																					
Candidate Name	Category/ Type																				
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<b>C.</b> Full Name (Last, First, Middle Initial) JAHAN WILCOX	<b>Transaction ID:</b> 2011M02L21BPA00243 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
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City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1874.45</td> </tr> </table>	1874.45																			
1874.45																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**9122.67**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1383 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) JAHAN WILCOX	<b>Transaction ID:</b> 2011M02L21BPA00244 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
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City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1866.83</td> </tr> </table>	1866.83																			
1866.83																					
Candidate Name	Category/ Type																				
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<b>B.</b> Full Name (Last, First, Middle Initial) MICHAEL T WILD	<b>Transaction ID:</b> 2011M02L21BPA00245 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2844.90</td> </tr> </table>	2844.90																			
2844.90																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MICHAEL T WILD	<b>Transaction ID:</b> 2011M02L21BPA00246 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
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City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2822.09</td> </tr> </table>	2822.09																			
2822.09																					
Candidate Name	Category/ Type																				
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**SUBTOTAL** of Disbursements This Page (optional) .....

**7533.82**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1384 / 1391

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) RICHARD J WILEY	<b>Transaction ID:</b> 2011M02L21BPA00247 <b>Date of Disbursement</b>																				
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0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3731.63</td> </tr> </table>	3731.63																			
3731.63																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) RICHARD J WILEY	<b>Transaction ID:</b> 2011M02L21BPA00248 <b>Date of Disbursement</b>																				
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M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3723.33</td> </tr> </table>	3723.33																			
3723.33																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) LINDSEY ANN WILLIAMS DRATH	<b>Transaction ID:</b> 2011M02L21BPA00249 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
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0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">3509.81</td> </tr> </table>	3509.81																			
3509.81																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

10964.77

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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PAGE 1385 / 1391

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) LINDSEY ANN WILLIAMS DRATH	<b>Transaction ID:</b> 2011M02L21BPA00250 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">3485.91</td> </tr> </table>	3485.91																			
3485.91																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ALDEN R WOOD	<b>Transaction ID:</b> 2011M02L21BPA00251 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1318.65</td> </tr> </table>	1318.65																			
1318.65																					
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<b>C.</b> Full Name (Last, First, Middle Initial) ALDEN R WOOD	<b>Transaction ID:</b> 2011M02L21BPA00252 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1309.48</td> </tr> </table>	1309.48																			
1309.48																					
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**SUBTOTAL** of Disbursements This Page (optional) .....

**6114.04**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) KATIE K WRIGHT	<b>Transaction ID:</b> 2011M02L21BPA00253 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">3254.61</td> </tr> </table>	3254.61																			
3254.61																					
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<b>B.</b> Full Name (Last, First, Middle Initial) DENNIS R WRIGHT	<b>Transaction ID:</b> 2011M02L21BPA00254 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">2873.66</td> </tr> </table>	2873.66																			
2873.66																					
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<b>C.</b> Full Name (Last, First, Middle Initial) BRANDON J WRIGHT	<b>Transaction ID:</b> 2011M02L21BPA00255 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1617.87</td> </tr> </table>	1617.87																			
1617.87																					
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**SUBTOTAL** of Disbursements This Page (optional) .....

7746.14

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) KATIE K WRIGHT	<b>Transaction ID:</b> 2011M02L21BPA00256 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name Category/Type	4801.82																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>B.</b> Full Name (Last, First, Middle Initial) DENNIS R WRIGHT	<b>Transaction ID:</b> 2011M02L21BPA00257 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name Category/Type	2861.87																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>C.</b> Full Name (Last, First, Middle Initial) BRANDON J WRIGHT	<b>Transaction ID:</b> 2011M02L21BPA00258 <b>Date of Disbursement</b>																				
Mailing Address 310 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL Candidate Name Category/Type	1605.15																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	9268.84																				
<b>TOTAL</b> This Period (last page this line number only) .....	4043044.85																				

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) CONNECTICUT REPUBLICAN SCC	<b>Transaction ID:</b> 2011M02L22TR00001 <b>Date of Disbursement</b>
Mailing Address 321 ELLIS ST BLDG 17 UNIT 501	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City NEW BRITAIN State CT Zip Code 06051	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TRANSFER Candidate Name	<div> <div>15000.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) REPUBLICAN PARTY OF IOWA	<b>Transaction ID:</b> 2011M02L22TR00002 <b>Date of Disbursement</b>
Mailing Address 621 EAST NINTH STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 1 1</div> </div>
City DESMOINES State IA Zip Code 50309	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement IN-KIND EQUIPMENT TRANSFER Candidate Name C00014498	<div> <div>53481.13</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SEE LINE 12-SCHEDULE A IN-KIND TRANSFER EQUIPMENT
<b>C.</b> Full Name (Last, First, Middle Initial) THE REPUBLICAN PARTY OF NEW MEXICO	<b>Transaction ID:</b> 2011M02L22TR00003 <b>Date of Disbursement</b>
Mailing Address P O BOX 94083	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 7 / 2 0 1 1</div> </div>
City ALBUQUERQUE State NM Zip Code 87199	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement IN-KIND EQUIPMENT TRANSFER Candidate Name C00020818	<div> <div>21291.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SEE LINE 12-SCHEDULE A IN-KIND TRANSFER EQUIPMENT

**SUBTOTAL** of Disbursements This Page (optional) .....

**89772.13**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) THE SOUTH CAROLINA REPUBLICAN PARTY	<b>Transaction ID:</b> 2011M02L22TR00004 <b>Date of Disbursement</b>
Mailing Address 1913 MARION STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div>
City State Zip Code COLUMBIA SC 29211	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement IN-KIND EQUIPMENT TRANSFER	<div>5828.87</div>
Candidate Name C00034033	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	SEE LINE 12-SCHEDULE A IN-KIND TRANSFER EQUIPMENT
<b>B.</b> Full Name (Last, First, Middle Initial) THE TENNESSEE REPUBLICAN PARTY	<b>Transaction ID:</b> 2011M02L22TR00005 <b>Date of Disbursement</b>
Mailing Address 2424 21ST AVENUE SUITE 200	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div>
City State Zip Code NASHVILLE TN 37212	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement IN-KIND EQUIPMENT TRANSFER	<div>29276.79</div>
Candidate Name C00040220	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	SEE LINE 12-SCHEDULE A IN-KIND TRANSFER EQUIPMENT
<b>C.</b> Full Name (Last, First, Middle Initial) REPUBLICAN PARTY OF FLORIDA	<b>Transaction ID:</b> 2011M02L22TR00006 <b>Date of Disbursement</b>
Mailing Address 420 EAST JEFFERSON STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 1 / 2 0 1 1</div> </div>
City State Zip Code TALLAHASSEE FL 32301	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement IN-KIND EQUIPMENT TRANSFER	<div>165704.96</div>
Candidate Name C00099259	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	SEE LINE 12-SCHEDULE A IN-KIND TRANSFER EQUIPMENT

**SUBTOTAL** of Disbursements This Page (optional) .....

200810.62

**TOTAL** This Period (last page this line number only) .....

290582.75

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MRS NANCY WALSH	<b>Transaction ID:</b> 2011M02L28ARI00001 <b>Date of Disbursement</b>
Mailing Address 856 GROVE STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 6 / 2 0 1 1</div> </div>
City RED BANK State NJ Zip Code 07701	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement REFUND	<div>15.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) MRS BARBARA L LAFARGUE	<b>Transaction ID:</b> 2011M02L28ARI00002 <b>Date of Disbursement</b>
Mailing Address 4300 SANDMOUND BLVD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 6 / 2 0 1 1</div> </div>
City OAKLEY State CA Zip Code 94561	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement REFUND	<div>127.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) MR JAMES G SMITH	<b>Transaction ID:</b> 2011M02L28ARI00003 <b>Date of Disbursement</b>
Mailing Address 667 LLOYD ROAD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 6 / 2 0 1 1</div> </div>
City PIKEVILLE State TN Zip Code 37367	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement REFUND	<div>300.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**442.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1391 / 1391

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
 REPUBLICAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MR ROBERT EASLER	<b>Transaction ID:</b> 2011M02L28ARI00004 <b>Date of Disbursement</b>																				
Mailing Address 5020 MIKE PADGETT HIGHWAY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City AUGUSTA State GA Zip Code 30906	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement REFUND Candidate Name	<table border="1"> <tr> <td colspan="10">53.00</td> </tr> </table>	53.00																			
53.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MRS JAN STRASSER	<b>Transaction ID:</b> 2011M02L28ARI00005 <b>Date of Disbursement</b>																				
Mailing Address 1610 W AVOCADO STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	0												
City TUCSON State AZ Zip Code 85704	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement REFUND Candidate Name	<table border="1"> <tr> <td colspan="10">800.00</td> </tr> </table>	800.00																			
800.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

853.00

**TOTAL** This Period (last page this line number only) .....

1295.00